

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16446

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Frank Primary Registration District No. 1007
 City Kansas City (No. 72) C. General Hosp St. 1922 Ward)

2. FULL NAME

(a) Residence, No. 817 Lydia St. General Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 3 - 1863

7. AGE YEARS 69 MONTHS 6 DAYS 29 If LESS than 1 day, hrs. or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plasterer

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Mrs Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Lettman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Reuben Fisk

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5-4-33

19. UNDERTAKER (ADDRESS) Mrs. C. S. Foster

20. FILED May 3 1933 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1933 to 5-3, 1933

I last saw him alive on 5-3, 1933 Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

Edema of the Brain Date of onset 5/2

Other contributory causes of importance: Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. [Signature], M. D.

(Address) 5-3-33 C. Gen. Hosp. [Address]

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

