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.

JAN 26 1934

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

Do not use this space. 40189

399

1. PLACE OF DEATH

County Jackson — Registration District No. 4662 — File No. 4995

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. 1818 East 38th St. Ward)

2. FULL NAME OTTO WILLIAM COOKE

(a) Residence, No. 1818 East 33rd St., Ward. (Usual place of abode) (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: Elizabeth Cooke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 14, 1871

7. AGE: YEARS 62 — MONTHS 3 — DAYS 5 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Pennsylvania

FATHER

13. NAME: Kasimie Cooke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: No information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT (ADDRESS): Mrs. Elizabeth Cooke 1818 East 33rd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Flora Hills DATE: 12-22-1933

19. UNDERTAKER (ADDRESS): Sline & McClure 3235 Gillham Plaza

20. FILED: 12/21, 1933 M. M. Crowe asst Registrar.

69 2 10 31

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Dec 19, 1933

I last saw him alive on Dec 19, 1933 Death is said to have occurred on the date stated above, at 11 P.m.

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

Myocarditis Chronic — Date of onset

131

930

930

Other contributory causes of importance:

Ch. Parenchymatous Nephritis

Ch. infected legs.

Name of operation — Date of —

What test confirmed diagnosis? Physical Pathology Was there an autopsy? no

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

Accident, suicide, or homicide? no 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? no

If so, specify —

(Signed) H. A. Gestring, M. D.

(Address) 303 Worthington Bldg.

Dr Gisling
Wirthman Bldg.