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

Do not use this space.

File No. 1859

Registered No. 7

FEB 27 1934

1. PLACE OF DEATH
County Madison — Registration District No. 538
Township — Primary Registration District No. 3028
City Fredericktown (No. ..... St. ..... Ward)

2. FULL NAME George Bennett Cook

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Eliza P. Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2 — 1862

7. AGE: Years 71 | Months 3 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Banker
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) Marquand Mo

FATHER
13. NAME George Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

MOTHER
15. MAIDEN NAME Louana Limbaugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co Mo

17. INFORMANT (ADDRESS) Percy Cook Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown Cem. DATE Jan. 25 1934

19. UNDERTAKER (ADDRESS) Ed H. Webb Fredericktown Mo.

20. FILED 1-25 1934 S. C. Slaughter (Registrar.)
By E. D. Schwaner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Jan 23, 1934
I last saw him alive on Jan 23, 1934. Death is said to have occurred on the date stated above, at 10:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1932

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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? no
If so, specify

(Signed) H Harry Barron, M. D.
(Address) Fredericktown Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.