

MAY 25 1934

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

Do not use this space.

13535

1. PLACE OF DEATH

County Madison Registration District No. 638
Township St. Michael Primary Registration District No. 472-3
City Fredericktown (No. _____) St. _____ Ward _____

File No. _____
Registered No. 31

2. FULL NAME Robert Basil Cook

(a) Residence, No. _____ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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) Madison Co. Mo

13. NAME Jude C. Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger Co. Mo

15. MAIDEN NAME Lulu Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger Co. Mo

17. INFORMANT (ADDRESS) Jude Cook
Fredericktown Mo.

18. BURIAL, CREMATION, OR REMOVAL Fredericktown Mo. DATE Apr. 4 1934

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

20. FILED April 4, 1934 S. B. Blawie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from and not see patient alive to patient alive on Apr. 2, 1934.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P m.

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

Broken neck with basal fracture of skull. Auto accident

Other contributory causes of importance: _____

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? Accident Date of injury Apr. 2, 1934

Where did injury occur? On highway 61 (Specify city or town, county, and State)

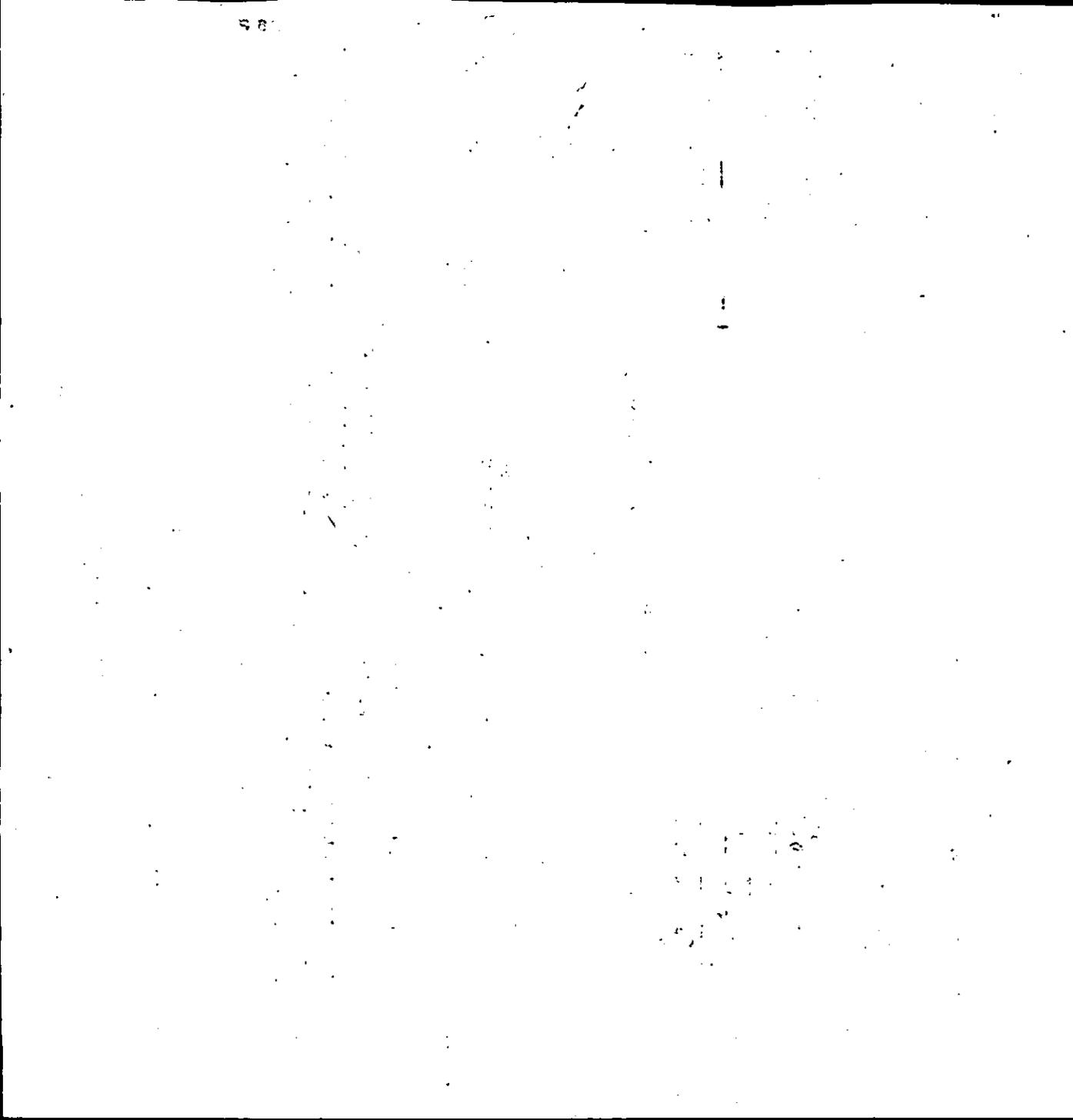
Specify whether injury occurred in industry, in home, or in public place. On highway, in north of Fredericktown

Manner of injury Auto accident
Nature of injury Broken neck & skull fracture

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Anthony Boston M. D.
(Address) Fredericktown Mo

By L. P. Blawie



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison Registration District No. 538 File No. _____
 Township _____ Primary Registration District No. 3028 Registered No. _____
 City Fredericktown St. _____ Ward _____

2. FULL NAME

Robert Basil Cook
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1934

5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
 _____ Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 _____
 Occupation break neck with heavy fracture of skull - pedestrian, struck by auto
 Other contributory causes of importance: _____

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

FATHER 13. NAME _____ Date of _____
 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
 23. If death was due to external cause (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.

17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____, 19____
 Manner of injury _____
 Nature of injury _____

19. UNDERTAKER (ADDRESS) _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) _____, M. D.
 (Address) _____

20. FILED Apr 4, 1934 McLaughlin Registrar (Address) _____

SUPPLEMENTARY

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTRULY FILED, COMPLETED AS PRESCRIBED BY LAW.

S-13535