

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis Registration District No. 333 File No. 14059
Township Ferguson Twp. Primary Registration District No. 4468 Registered No. 84
City Kinloch, (No. Jefferson Avenue St. _____ Ward _____)

2. FULL NAME Raymond Cook

(a) Residence, No. Jefferson Avenue St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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 Colored 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) March 24, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
4 0 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) Kinloch
(STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Lewis Cook

14. BIRTHPLACE (CITY OR TOWN) Mineral Point
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Alma Music

16. BIRTHPLACE (CITY OR TOWN) Allington
(STATE OR COUNTRY) Missouri

17. INFORMANT Lewis Cook
(ADDRESS) Kinloch, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE April 19, 1934

19. UNDERTAKER Charles G. Baker
(ADDRESS) 4107 Finney Avenue

20. FILED 4/19/1934 P. G. Zeidler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-11-1934 to April 15, 1934

I last saw him alive on April 13, 1934 Death is said

to have occurred on the date stated above, at 8:30 A.M.

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

Date of onset

Bronchopneumonia

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed the diagnosis? Impressional findings etc. Where 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 _____

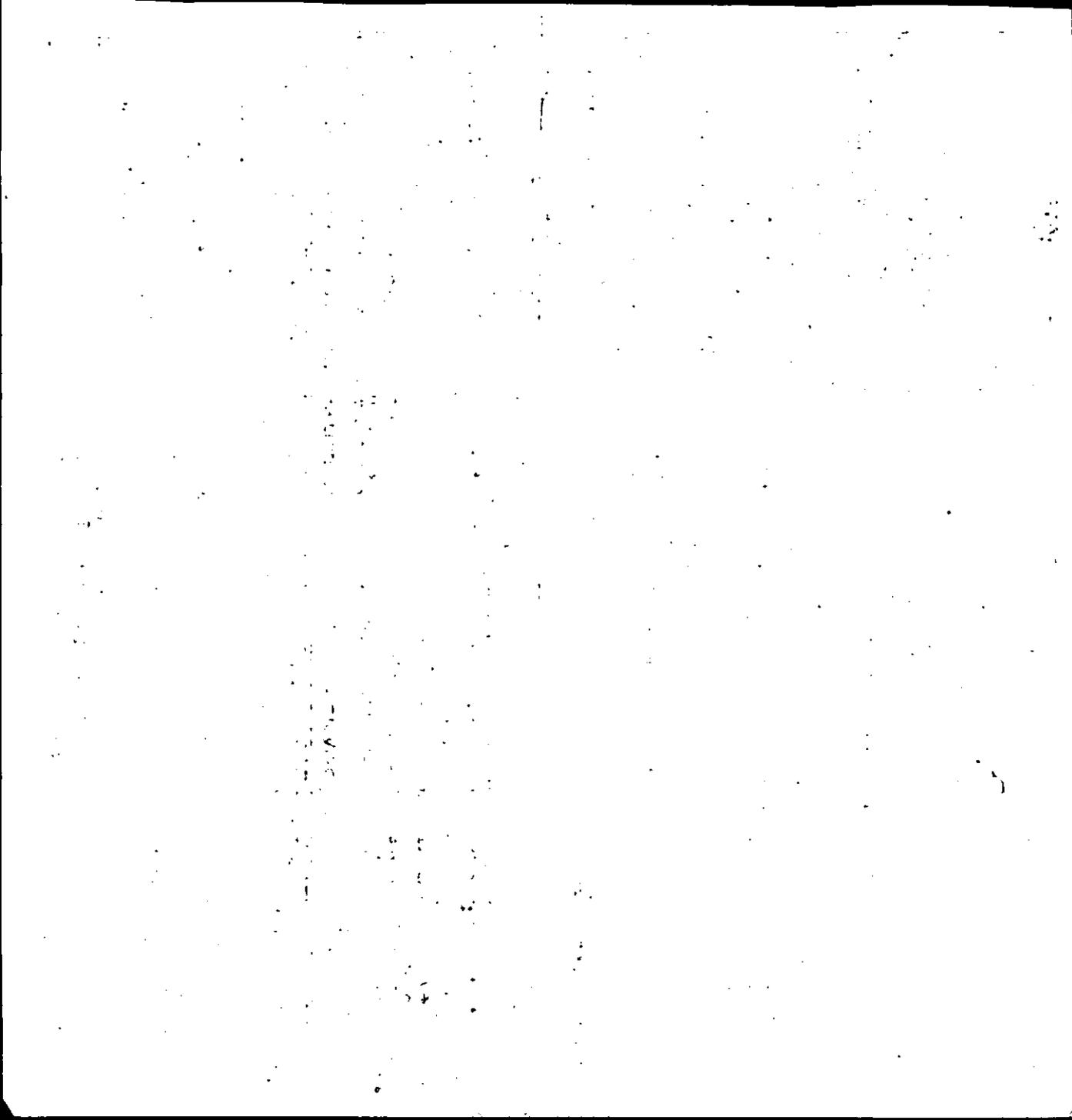
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify _____

(Signed) J. G. Zeidler M. D.

(Address) 17 W. 17th St. St. Louis, Mo.



Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Raymond Cook
Who died at _____ on April 15 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race B Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 4 Months 0 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Broncho pneumonia ✓

Other contributory causes of importance Whooping Cough four weeks before

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Walter Zettin

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 333

Very truly yours,

E. J. McLaugh m.d.
S.C.

Primary Reg. Dist. No. 4468

Special Agent.

8-14059

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