

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township Cape, their residences Primary Registration District No. 5178
 City Caplesville Mo. (No. S. C. 110 Hospital) St. _____ Ward _____

File No. 16005
 Registered No. 66

2. FULL NAME

Arthur Cook
 (a) Residence, No. Mayfield, Mo. St. _____ Ward. Mayfield, Mo.
 (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 <u>Male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10, 1924</u>					
7. AGE		YEARS		MONTHS	
<u>10</u>		<u>3</u>		<u>17</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>School Boy</u>			
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) <u>Mayfield Mo.</u>					
13. NAME <u>Luther Cook</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mayfield Mo.</u>					
15. MAIDEN NAME <u>Flora Mayfield</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mayfield Mo.</u>					
17. INFORMANT (ADDRESS) <u>Luther Cook</u> <u>Mayfield Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL					
PLACE		DATE			
<u>Pulliam cemetery</u>		<u>May 28, 1934</u>			
19. UNDERTAKER (ADDRESS) <u>M & Conbo F & Co</u> <u>Jackson Mo.</u>					
20. FILED <u>5-28</u> <u>1934</u> <u>J. M. Thompson</u> <u>L. P. Registrar</u>					

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/34, 1934

22. I HEREBY CERTIFY, that I attended deceased from 5/25, 1934, to 5/27, 1934
 I last saw h. alive on 5/27, 1934 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:
Peritonitis following
Perforated appendix
121A
121B
121C
 Date of onset 5/22/34

Other contributory causes of importance:
Chronic suppurative
Appendicitis

Name of operation Appendectomy **Date of** 5/25/34
What test confirmed diagnosis? Ant. Dips **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** _____, 1934
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) P. S. Thompson, M. D.
(Address) Caplesville Mo.

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.

JUN 20 1934

