

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

23325

File No. _____
 Registered No. 832

2. FULL NAME

Guy Charles Cooksey
 (a) Residence, No. 104 South 13th Street St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Irene Cooksey</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 3, 1890.</u>				
7. AGE	YEARS <u>44</u>	MONTHS <u>6</u>	DAYS <u>16</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dry Cleaner</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Best all Cleaners</u>			
	10. Date deceased last worked at this occupation (month and year) <u>July 18, 1934</u>			
11. Total time (years) spent in this occupation <u>2 Yrs.</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lancaster, Missouri.</u>				
FATHER	13. NAME <u>Syvanis Cooksey</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Violetta Wagner</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Iowa.</u>			
17. INFORMANT <u>Helen Irene Cooksey</u> (ADDRESS) <u>104 South 13 Str St. Joseph, MO.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Rapids, Iowa</u> DATE <u>July 21, 1934</u>				
19. UNDERTAKER <u>H. O. Sidenfaden</u> (ADDRESS) <u>1802 Union Str St. Joseph, MO.</u>				
20. FILED <u>7-20</u> 19 <u>34</u> <u>John H. Boulton</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19th, 1934

22. I HEREBY CERTIFY, That I deceased deceased from July 19, 1934, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3/30/pm
 The principal cause of death and related causes of importance were as follows:
Myocardial Heart.
 Date of onset _____

Other contributory causes of importance:
no facts

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Hist. 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 _____, 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 Tornus Thomas Coronel
 (Signed) _____ M. D.
 (Address) 731. Jaaron

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.

AUG 14 1934

