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.

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

Do not use this space.

JAN 1 8 1935

399

42974

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 42974

Township: Kaw — Primary Registration District No.: 002 — Registered No.: 5252

City: Kansas City (No. 3312 Campbell St. Ward)

2. FULL NAME: Eugene F. Cook

(a) Residence, No. 3028 Park 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alvina Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 1, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	52	4	9	

OCCUPATION

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

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): Taylorville, Illinois

FATHER

13. NAME: Frederick Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): London, England

MOTHER

15. MAIDEN NAME: Hannah Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): London, England

17. INFORMANT: L. G. Cook (ADDRESS) 8 St. Louis, Ill

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Forest Hill Cemetery DATE: 12-13-, 1934

19. UNDERTAKER: Stine - McClure (ADDRESS) 3233 Gillham Road

20. FILED: 12-13, 1934 M. M. Crane Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... A. m.

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

	Date of onset
Coronary Occlusion	
Myocardial Degeneration	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy 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?

If so, specify

(Signed) Russell W Kerr, M. D.

(Address) Deputy Coroner

1401 Sw. Bend,