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

Do not use this space.

19056 683

File No. 85

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001

Township: Washington — Primary Registration District No.: 527

City: ~~St. Joseph,~~ St Joseph — (No. St. Joseph Hosp St. Ward) 1

2. FULL NAME: Arthur B Cook

(a) Residence, No. ..... St., ... Ward. Stop 5½ Savannah Inturban
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 31. 1891.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	4	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Street Railway Co.

10. Date deceased last worked at this occupation (month and year): June. 27. 1935

11. Total time (years) spent in this occupation: 9 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Missouri.

FATHER

13. NAME: William H Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray County, Missouri

MOTHER

15. MAIDEN NAME: Mary Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray County, Missouri.

17. INFORMANT: Nellie Cook
(ADDRESS): Stop 5½ Savannah Int Industrial

18. BURIAL, CREMATION, OR REMOVAL: Highland Cemetery
PLACE: Hamilton, Mo. DATE: July. 1 19 35

19. UNDERTAKER: H. O. Sidenfaden
(ADDRESS): 1802 Union Str St. Joseph, Mo.

20. FILED: June 29, 19 35 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June. 28. 1935

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

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:10 p m.

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

Ran over by Interurban car at Indiana Ave City body badly mangled

Date of onset

Other contributory causes of importance:

Ran over by Inter Urban

Name of operation: None Date of:

What test confirmed diagnosis? Dying Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury: 6. 28, 19 35

Where did injury occur? Buchanan County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

City of injury: Ran over by interurban

Nature of injury: body badly crushed by

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

If so, specify:

(Signed) J. A. Thomas, M. D.

(Address) Tarkio

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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