

NOV 20 1935

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

Do not use this space.

32186

1. PLACE OF DEATH

24 County Clay Registration District No. 197
Township Gallatin Primary Registration District No. 3276
City Gashland Mo. (No. Gashland Mo.) St. _____ Ward _____

2. FULL NAME Robert B. Cook

(a) Residence, No. Gashland St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 56 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 Ma. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna Cook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23rd. 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 10 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) _____ II. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.13. NAME Cook14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Emma Bowford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT Mrs. Anna Cook
(ADDRESS) Gashland Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem. Cremation 10/17/35.19. UNDERTAKER W. F. Mayberry
(ADDRESS) City20. FILED Oct. 16, 1935 Viola C. Mayer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16th. 19 35

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1935, to _____, 19____
I last saw him alive on Oct 12, 19____. Death is said to have occurred on the date stated above, at 1:15AM.
The principal cause of death and related causes of importance were as follows:

Hypertension & Myocarditis

Date of onset

Other contributory causes of importance: AS

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there 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? _____

If so, specify _____

(Signed) W. H. Godson, M. D.(Address) Liberty, Mo.

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.

Booker

B.

1898

1898

Miss Susan Doyne

Booker
~~1898~~
~~1898~~

1898

1898

1898

1898

1898

1898

1898

1898

1898