

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

Do not use this space.

FEB 19 1936

1014

1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton (No. 347)

Registration District No. 347  
Primary Registration District No. 5488

File No. 1014  
Registered No. 1014  
St. Clinton Ward 1

2. FULL NAME

Wm Fleetwood Cooke

(a) Residence, No. 347 St. Clinton Ward 1  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1869  
7. AGE YEARS 66 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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) Mississippi

FATHER 13. NAME James V Cooke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Helen Edmonds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Thomas B Goodberry

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE Jan 24 36

19. UNDERTAKER (ADDRESS) Conradus Peak

20. FILED 1-25 1936 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-2 - 1936, to 1-22 - 1936

I last saw him alive on 1-8, 1936 Death is said

to have occurred on the date stated above, at 12 m.

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

Coronary Thrombosis  
Mitral Insufficiency  
Date of onset 11-58

Other contributory causes of importance:

Name of operation None Date of 20

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury 1936

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

(Signed) E. C. Peeler, M. D.

(Address) Clinton 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.

