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.

APR 11 1935

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

791

Do not use this space.
13387

1. PLACE OF DEATH

County..... Registration District No. 1003 File No.....

Township..... Primary Registration District No..... Registered No. 3487

City..... (No. at residence St. Ward)

2. FULL NAME Bennie Cooks

(a) Residence, No. 324 Montrose St., 18 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 Male | 4. COLOR OR RACE Col | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR WIFE OF)~~ Mary Cooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1881

7. AGE: Years 54 | Months 11 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

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. Labor

10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Starkeville Miss

FATHER

13. NAME Turner Cooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER

15. MAIDEN NAME Mary Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT Mary Cooks
(ADDRESS) 324 Montrose

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Bredeck DATE 3-3 19

19. UNDERTAKER Wattson and Son
(ADDRESS) 2719 Gravois Ave

20. FILED MAR 31 1936 19.... J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 ,19 36

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 10:30 P.M.

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

	Date of onset
Chronic Myocarditis; Chronic Interstitial Nephritis; Cirrhosis of Liver; Chronic Aortitis	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Harold [illegible] M.D.

(Address) [illegible]