

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

Do not use this space.

JAN 29 1937

1. PLACE OF DEATH

County Dauphin
Township Boone
City Boone (No. 1)

Registration District No. 272
Primary Registration District No. 5384

40862
File No. 110
Registered No. 110
St. Boone Ward 1

2. FULL NAME

Ernest Elmer Cook

(a) Residence, No. 1 St. Boone Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 2 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maye Cook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13 1881</u>		
7. AGE <u>55</u>	YEARS <u>5</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Scientist</u>		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 <u>Since 1907</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone</u>
	13. NAME <u>John H. Cook</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone</u>
	15. MAIDEN NAME <u>Lutitia Lindell</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone</u>
	17. INFORMANT (ADDRESS) <u>Maye Cook</u> <u>Boone, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White Creek</u> DATE <u>Dec. 2</u> 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>C. V. Chubb</u> <u>Boone, Mo.</u>	
20. FILED <u>1-9</u> 1937 <u>Henry Barker</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936 to Nov 30 1936

I last saw him alive on Nov 30 1936 Death is said to have occurred on the date stated above, at 4 P m.

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

Apoplexy Date of onset Nov 28-30

Other contributory causes of importance:
Hypertension. Arteriosclerosis

Name of operation Chop ex Date of Nov 30
What test confirmed diagnosis? Chop ex Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Nov 30 1936
Where did injury occur? Boone, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Chop ex
Nature of injury Chop ex

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) R. M. Norman M. D.
(Address) Boone, Mo.

