FEB 15 1937

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

Do not use this space.

302

1. PLACE OF DEATH

County: Buchanan,
Registration District No.: 85
Township:
Primary Registration District No.: 1001
City: St. Joseph, (No. St. Joseph's Hospital, St. Ward)
File No.:
Registered No.: 101

2. FULL NAME Grover Cleveland Cook,

(a) Residence, No. 1124 North 2nd. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 Louisa Cook,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 7, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	1	20	

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. Poultry
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) Andrew County, Missouri

FATHER

13. NAME David Cook,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

MOTHER

15. MAIDEN NAME Martha Scott,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT Mrs G. E. Cook (ADDRESS) 1124 No. 2nd. Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE Jan'y 29, 1937

19. UNDERTAKER Heaton-Belsale & Bowman (ADDRESS) 319 So. 10th Str. Tuesday

20. FILED 1-29, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12.25.37, 19..., to 1.27.37, 19...
I last saw him alive on 1.27.37, 19... Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Nervous Syphilis	1906
(Mrs Sarsalis)	

Other contributory causes of importance:

Name of operation Cordotomy Date of 1.26.37
What test confirmed diagnosis? Clin. 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 ..., 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? No
If so, specify
(Signed) J. T. Ryan, M. D.
(Address) St. Joseph, 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.

Hyman

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