

JUN 22 1937

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

Do not use this space.

20313

File No. _____
Registered No. 103
St. _____ Ward _____

1. PLACE OF DEATH
4th County Jackson Registration District No. 400
Township 1st Prairie Primary Registration District No. 5-5530
City _____ (No. 76) _____
2. FULL NAME Geo. B. Cook
(a) Residence, No. Jackson County Court 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie E. Cook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 0 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
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) Iowa
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Ernest Jackson
(ADDRESS) 20 Garrison
18. BURIAL, CREMATION, OR REMOVAL Forest Hill DATE May 25 1937
19. UNDERTAKER R. K. Lindsey & Sons
(ADDRESS) 46 E. Main
20. FILED 5/25 1937 William J. Fields
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1937
22. I HEREBY CERTIFY, That I attended, deceased from May 18, 1937 to 5-24, 1937
I last saw him alive on 5-24, 1937 Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:
Mitral regurgitation Date of onset _____
Other contributory causes of importance: 92%
Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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. W. Green M. D.
(Address) Independence
No

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.

Field Furniture Store

Lees Summit