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.

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

AUG 11 1937

Do not use this space.

26203

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 7500 E. 15 St (rear) St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 2916

2. FULL NAME John Henry Cook
(a) Residence, No. 7500 E. 15 (rear) St., 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1865
7. AGE 31 YEARS 72 MONTHS 3 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Miami Fla.

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mamie Mayhew 1115 Campbell
18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE July 7th, 1937
19. UNDERTAKER (ADDRESS) Fest, Appleton & Jones, Inc 1905 Vine 1905 Vine St.
20. FILED July 7, 1937 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26/37 19?

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

Cerebral hemorrhage 82a

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) [signature], M. D.
(Address) [signature]