

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wodaway  
Township Mount  
City Skidmore (No. ....)

Registration District No. 630  
Primary Registration District No. 4380

File No. 31371  
Registered No. ....  
St. 7 Ward

2. FULL NAME Miles Cook

(a) Residence, No. .... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED (write the name of HUSBAND OF (OR) WIFE OF) Considerella Tracy - Laura Belle Sharp - Nancy J Van Baskin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 - 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>81</u>	<u>81</u>	<u>4</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Mount Gilead Ohio

13. NAME Fayette Cook

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

15. MAIDEN NAME Mary Cyphers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Everett Cook Graham mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Cem DATE Aug-22 1937

19. UNDERTAKER (ADDRESS) Campbell Funeral Home

20. FILED Aug 20 1937 Dr J B Manning Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1936 to Aug 18 1937  
I first saw him alive on Aug 18 1937 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:

Myocarditis  
mitral regurgitation  
anemia  
Date of onset  
9/12  
Other contributory causes of importance  
General edema  
arterio sclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy?

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? U  
If so, specify .....  
(Signed) J B Manning M. D.  
(Address) Skidmore mo

