OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No. 34576

Township — Primary Registration District No. 3023 — Registered No. 101

City Warrensburg (No. ..., ... St. ..... Ward)

2. FULL NAME William E. Cook

(a) Residence, No. 117 W Oak St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	wh	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Reynolds Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
2	80	1	10	

OCCUPATION

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) ILL.

FATHER

13. NAME Andrew Cook

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

MOTHER

15. MAIDEN NAME Kathryn McDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs Ona Alley Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Mo. DATE Sept 25, 1937

19. UNDERTAKER (ADDRESS) W. F. Wilcox Funeral Service Warrensburg Mo.

20. FILED Sept. 24, 1937 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1937, to Sept 23, 1937

I last saw him alive on Sept 23, 1937. Death is said to have occurred on the date stated above, at 10:15 P.m.

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

Arterial Sclerosis (about 1 yr showing Sufferer)

Showing symptoms about 1 yr

Date of onset

Other contributory causes of importance: age

Name of operation — Date of —

What test confirmed diagnosis? — 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) John T Anderson, M. D.

(Address) Warrensburg Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.