

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.

16
1
8

DEC 15 1937

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

Do not use this space.

40870

1. PLACE OF DEATH

County Cape Girardeau
Township
City Cape Girardeau (No. Southwest Hospital)

Registration District No. 1257
Primary Registration District No. 3009

File No. 40870
Registered No. 360
St. _____ Ward _____

2. FULL NAME Baby Bay 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 Boy 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF _____
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-10-1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>6</u>	<u>0</u>	<u>#</u>	<u>30</u>

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1937, to Nov 12, 1937.
I last saw him alive on Nov 10, 1937. Death is said to have occurred on the date stated above, at 10:57 am.
The principal cause of death and related causes of importance were as follows:
Cremature Perch 6 1/2 lbs Date of onset

Other contributory causes of importance:
none

12. BIRTHPLACE (CITY OR TOWN) Whitewater Mo
(STATE OR COUNTRY)

13. NAME John P. Cook

14. BIRTHPLACE (CITY OR TOWN) Whitewater Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Minnie Gisting

16. BIRTHPLACE (CITY OR TOWN) Whitewater Mo
(STATE OR COUNTRY)

17. INFORMANT Mr. John Cook
(ADDRESS)

18. BURIAL, CREMATION OR REMOVAL
PLACE Crem Mo DATE Nov 11 1937

19. UNDERTAKER Mr. John Cook (Father)
(ADDRESS) Crem Mo

20. FILED 11-10-37 John Thompson
Registrar.

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? no
If so, specify _____
(Signed) John Thompson M. D.
(Address) Cape Girardeau Mo

