

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

Do not use this space.

25877

1. ~~MISSOURI~~ DEATHS *2*  
 County *Madison* Registration District No. *639*  
 Township *2* Primary Registration District No. *4320*  
 City *Marquand* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME *Edgar C. Cook 200*  
 (a) Residence, No. *Marquand Mo* St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *40* 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 *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Maryrtle Cook*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1886-11-11*  
 7. AGE YEARS *51* MONTHS *7* DAYS *28* IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Farming*  
 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) *March 1934* 11. Total time (years) spent in this occupation *51 yrs*  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marquand Mo*  
 FATHER 13. NAME *Emory Cook*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marquand Missouri*  
 MOTHER 15. MAIDEN NAME *Elizabeth Pissin*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marquand Mo*  
 17. INFORMANT (ADDRESS) *Miss Ed Cook*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-9 1938*  
 22. I HEREBY CERTIFY, That I attended deceased from *Mch 1 1938 to 7-9 1938*  
 I last saw him alive on *Mch 7 1938* 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:  
*Myelitis - followed by Creeping Paralysis Jan 5 1938*  
 Date of onset *1938 Jan*  
 Other contributory causes of importance:  
*Carcinoma of urinary bladder*  
 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) *Harry Borron* M. D.  
 (Address) *7 Ardmore Downs Mo*  
 Registrar *A. A. S. Edwards*

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.

