

REC'D SEP 20 1938

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

29116

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
(b) Township Prairie Primary Registration District No. 5583B Registered No. 165
(c) City Little Blue, Mo. (d) Street No. Jackson County Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joe Cook

(a) Residence, No. 305 Blue Ridge, Fairmount Station, Ken. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Ma Minnie Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 yrs. 5 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. P. A.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME August Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Cordelia Alexander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ma Minnie Cook
(ADDRESS) 305 Blue Ridge, Fairmount St., Ken. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Street Springs DATE Aug. 7, 1938

19. FUNERAL DIRECTOR A. P. D. Schuler
(ADDRESS) 1415 E. 15th

20. FILED 8-5- 1938 William J. Fields
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1938

22. HEREBY CERTIFY, That I attended deceased from July 30, 1938 to Aug 5, 1938

I last saw him live on Aug 5, 1938 Death is said to have occurred on the date stated above, at 10 P m.

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

CHRONIC INTERSTITIAL NEPHRITIS

BENIGN PROSTATIC HYPERTROPHY

Other contributory causes of importance:
SENILITY

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?.....
If so, specify.....
(Signed) J. Lynch, M. D.

(Address) Jackson Co. Hospital
362

Permit No. 105

STATEMENT BY LICENSED EMBALMER

I, Clyde Neely, Licensed Embalmer No. 2804
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Clyde Neely

..... L. E.
No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Clyde Neely
Licensed Embalmer No. 2804

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)