

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

Do not use this space.

32450

FILED OCT 13 1941

1. PLACE OF DEATH

County ST. FRANCIS Registration District No. 23
 Township WORTHAM Primary Registration District No. 6024B
 City WORTHAM (No. 1) St. Ward

2. FULL NAME

JOHN COOKSEY

(a) Residence, No. WORTHAM, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 15 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
86 1 25

OCCUPATION
 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. Retired
 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) MO.

MOTHER FATHER
 13. NAME JOHN B. COOKSEY

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

MOTHER FATHER
 15. MAIDEN NAME MARGARET FOWELL

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

17. INFORMANT Denny Smith
 (ADDRESS) Frankclay, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE FRANKCLAY DATE SEPT. 12 1941

19. UNDERTAKER J. J. Beyerly
 (ADDRESS) Leadwood, Mo.

20. FILED 10/10 1941 WE Audlehn
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 10 - 1941

22. I HEREBY CERTIFY, That I attended deceased from 9 8 1941, to 9 - 10 - 1941

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 9/8/41

Other contributory causes of importance:
Arteriosclerotic cardiac vascular disease

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 W. Dunt, M. D.

(Address) Leadwood Mo

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.

1941 - 9 - 10
1855 - 7 - 15

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15-



Clyde Mayberry

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But L Boyer
No 3445
Leadwood mo.