

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

DEC 15 1934 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

42719

1. PLACE OF DEATH

42 County Henry Registration District No. 347  
 44 Township Clinton Primary Registration District No. 3018  
 5 City Clinton (No. ....) St. .... Ward (No. ....)

File No. ....  
 Registered No. 69

2. FULL NAME

Jamies Sujil Cook

(a) Residence No. 47 S Carter St. .... Ward. ....

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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1919

7. AGE YEARS 15 MONTHS 10 DAYS 20 If LESS than 1 day, .... hrs. or .... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Calbes mo

13. NAME F A Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co mo

15. MAIDEN NAME Cora Mc Comberley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) vernon Co mo

17. INFORMANT F A Cook (ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12/6 34

19. UNDERTAKER Cousins & Pesh (ADDRESS) Clinton mo

20. FILE NO. 12-8 34 J. D. Houghton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1934, to Dec 5, 1934

I last saw him alive on Dec 4, 1934 Death is said to have occurred on the date stated above, at 5:33 a.m.

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

Continued fever (Date of onset Nov 26)  
Probably Typhoid -  
(Mild mal reaction)

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ✓, 1934

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 no

(Signed) S. W. Nothum, M. D.  
 (Address) Clinton, mo.

