

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.

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

Do not use this space.

21948

1. PLACE OF DEATH

County Platte
Township Platte
City Platteville

Registration District No. 460
Primary Registration District No. 3623-13

File No. _____
Registered No. 44
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 31-1906
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 24 9 6
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Construction Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) 3'
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) California
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER W. S. Cook
11. BIRTHPLACE OF FATHER (CITY OR TOWN) California
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Blanch Ryan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) California
(STATE OR COUNTRY) Mo.

14. INFORMANT E. B. Cook
(Address) Sedalia, Mo.
15. FILED 6/8 1931 Jessie C. Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-7-1931
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Internal Lung Hemorrhage
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Auto accident
(SECONDARY) 1140 (duration) _____ yrs. _____ mos. _____ ds.
18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) Edmund J. Cook M. D.
6/8/31 (Address) Concordia, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDE Victor J. Doherty

19. PLACE OF BURIAL, CREMATION, OR REMOVAL California Mo DATE OF BURIAL _____
20. UNDERTAKER Steger & Munnshagen ADDRESS Steger & Munnshagen

