

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

Do not use this space.

22845

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. _____
 Township 7th on Primary Registration District No. _____ Registered No. _____
 City Waverly (No. Waverly) (Ward) _____ St. 2007 (Ward)

2. FULL NAME Jesse Cook
 (a) Residence No. 1731 _____ Ward _____ (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 Male
 4. COLOR OR RACE Negro
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Cook
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 40
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rush Texas
 10. NAME OF FATHER Alice Cook
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Rush Texas
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Alice Cook
 (Address) 1731 Woot

15. FILED 7/10/30 1930 M. M. Crowe REGISTRAR
user

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-6 1930
 17. I HEREBY CERTIFY, That I attended deceased from 6 9, 1930 7 7, 1930 that I last saw him alive on 7 2, 1930 and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis -
13 myocarditis - chronic
935 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 129W (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Chronic
 (Signed) _____ M. D.
7/7, 1930 (Address) Waverly

*State the DISEASE CAUSING DEATH, or 10 deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE OF BURIAL 7-10 1930

20. UNDERTAKER M. W. Fickner ADDRESS 1212 Wm

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.

