

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

Do not use this space.

20543

1. PLACE OF DEATH

County Boone
Township
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3066

File No.
Registered No. 148
St. Ward)

2. FULL NAME

(a) Residence. No. 608 Park Ave. 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 MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

male

colored

married

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

Claudia Mayo Cook.

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

Jan 26-1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

40

5

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

COOK #31

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Boone Co

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

John Ellen Cook.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Boone Co MO

12. MAIDEN NAME OF MOTHER

Ella Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dont Know

14. INFORMANT

Ella Freeman

(Address)

Columbia MO.

15. FILED

7/1/31 F.C. Suggett

REGISTRAR

by Selby

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6-29 1931

17.

I HEREBY CERTIFY, That I attended deceased from June 11, 1931 to June 29, 1931, that I last saw him alive on June 29, 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular Disease + Myocarditis Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

99A 650A nephritis

(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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

, 19

at Home
No
No
Yes
Analysis etc
J.E. Deppelmer, M.D.
Columbia 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 HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary Cemetery

7-2 1931

20. UNDERTAKER

ADDRESS

A.C. Freeman

Columbia MO

JUL 22 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

