

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

Do not use this space.
✓
1530.
395
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township _____ Primary Registration District No. 1002
City Kansas City (No. 3660, Summitt) St. _____ Ward _____

2. FULL NAME Jacob Cookenback
(a) Residence, No. 5403 Harrison St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 3 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Methodist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Book Concern
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Wilmington
(STATE OR COUNTRY) Delaware

13. NAME Joshua Cookenback
14. BIRTHPLACE (CITY OR TOWN) Harrisburg
(STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Annie Peterson
16. BIRTHPLACE (CITY OR TOWN) Delaware
(STATE OR COUNTRY)

17. INFORMANT Mr. Clyde D. Norton
(ADDRESS) 5403 Harrison Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Jan. 26 1935

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 West 42nd Street

20. FILED 1-26 1935 M M Brewer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1934, to January 25, 1935.
I last saw him alive on January 25, 1935. Death is said to have occurred on the date stated above, at 9:10 P.M.
The principal cause of death and related causes of importance were as follows:

Perihepatitis abscess ✓
Date of onset December 1934
Other contributory causes of importance: Cholelithiasis ✓
Date of onset 1920

Name of operation Drainage of abscess Date of operation Jan 10, 1935
What test confirmed diagnosis? Physical exam Was there an autopsy? Yes

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) Graham Acker, M. D.
(Address) 820 Professional Bldg

CLOSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

Dr. Ascher

JUN 7 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Manassas
City Manassas (No. _____)

Registration District No. 399
Primary Registration District No. 1002

File No. 396
Registered No. 396
St. _____ Ward _____

2. FULL NAME

Jacob Pookenback

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 10 15

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. _____
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) _____

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED 1-26-1935 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Perihepatite abscess (secondary to cholelithiasis and cholecystitis) which had eroded through the liver -
Other contributory causes of importance: Cholelithiasis

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? _____
If so, specify _____

(Signed) Traham Asper, M. D.
(Address) 820 Prof Bldg.

UPPER MISSOURI

S-1530