

OCT 23 1935

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

Do not use this space.

1. PLACE OF DEATH *City Hospital #2* 891
County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City *St Louis mo* (No. *City Hospital #2*) File No. **28267**
St. Registered No. **7455**
Ward)

2. FULL NAME *Ike Cook*
(a) Residence, No. *South Kinloch mo* St. *NR* Ward.
(Usual place of abode) (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 *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-15-1866*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *69 0 15*
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Labor*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. *20 1/2*
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Brenville Ala*
13. NAME *Ike Cook*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ala*
15. MAIDEN NAME *Louise Smith*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *NC*
17. INFORMANT *Louise Mary Moore*
(ADDRESS) *1215 So Jefferson Ave*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *Sept 4th 1935*
19. UNDERTAKER *Joseph Handle & Son #317*
(ADDRESS) *220 No Leonard Ave*
20. FILED *SEP - 4 1935*
J. Balbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 30, 1935*
22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *10:30* m.
The principal cause of death and related causes of importance were as follows:
Fracture of Skull, Laceration of Brain, Injured when struck by street car in St. Louis, Mo.
Other contributory causes of importance:
Deceased was a pedestrian. No auto involved.
Name of operation *Accident* Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *Accid* Date of injury *Aug 17, 1935*
Where did injury occur? *St. Louis, Mo*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *Public Place*
Manner of injury *Struck by street car*
Nature of injury *Fracture of Skull*
24. Was disease or injury in any way related to occupation of deceased? *Yes*
If so, specify.....
(Signed) *Harold S. Taylor, M.D.*
(Address) *220 No Leonard Ave*

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.

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