

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.

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Webster Groves (No. 620) Clairvoy

Registration District No. 788
Primary Registration District No. 4471

File No. 35238
Registered No. 96
St. _____ Ward _____

2. FULL NAME Fred J. Cook

(a) Residence, No. 620 Clairvoy St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 1886

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 1 1

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather

Gastric ulcer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building construction

Date of onset Several years

10. Date deceased last worked at this occupation (month and year) Sept 15 - 1937 11. Total time (years) spent in this occupation 33

Other contributory causes of importance: Separation of the stomach with hemorrhage. 9/15/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Illinois

13. NAME Edwin Cook

Name of operation none Date of _____
What test confirmed diagnosis? medical history Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thring England

15. MAIDEN NAME Hellie Tyler

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thring England

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Ida M. Cook 620 Clairvoy

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE odd fellow DATE Sept 18, 19____

Manner of injury _____
Nature of injury _____

19. UNDERTAKER (ADDRESS) Parker and Webster Groves Mo

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 9-18-37 Jules R. Gore Registrar

If so, specify _____ (Signed) John O'Connell M. D.
(Address) Bona, St. Louis Co.

