

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

51

3578

REGISTRAR'S NO. 12

Registration District No. 1064

Primary Registration District No. 2420

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Monroe</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tompkinsville</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tompkinsville</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>Edgar</u> b. (Middle) <u>Houston</u> c. (Last) <u>Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-31-1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>6-9-1878</u>	9. AGE (In years last birthday) <u>72</u>	10. If Under 1 Year If Under 24 Hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Ky.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>William H. Cook</u>			14. MOTHER'S MAIDEN NAME <u>Lou H. Rodman</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Bula Sims</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u>				<u>10 min</u>
	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <u>Myocardial infarction</u>				<u>2 yrs</u>
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>42-1-281-11</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>49</u> , to <u>1-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-30</u> , 19 <u>51</u> , and that death occurred at <u>6:30</u> a. m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>9 Feb 51</u>	23b. ADDRESS <u>Tompkinsville, Ky.</u>		23c. SIGNATURE (Degree or title) <u>John H. Masterson</u> <u>M.D.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fountain Run</u>	24d. LOCATION (City, town, or county) (State) <u>Tompkinsville, Ky</u>		
25a. DATE REC'D BY LOCAL REG. <u>2-9-51</u>	25b. REGISTRAR'S SIGNATURE <u>Thos. P. Mafferson</u>	25c. FUNERAL DIRECTOR <u>John Eddy</u>	25d. ADDRESS <u>Tompkinsville</u>		