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

Do not use this space.

17946

1. PLACE OF DEATH
County Dunklin — Registration District No. 284
Township Cottonhill — Primary Registration District No. 5407
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 23

2. FULL NAME Amanda Cook

(a) Residence. No. ..... St., ... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know 1878

7. AGE: Years 49 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER James Medlin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Bettie Revelle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

14. INFORMANT R. L. Cook
(Address) Malden Mo.

15. FILED ~~6-27~~ 7/6, 1927 S. E. Mitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-27 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1927, to June 23, 1927 that I last saw her alive on June 23, 1927, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis
129 B
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Dropsy
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Graydon Carlstrom D.O. ~~M.D.~~
6-27, 1927 (Address) Malden 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: Bernie Mo. — DATE OF BURIAL: 6-28 1927

20. UNDERTAKER: W. L. Craig — ADDRESS: Malden

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.

JUL -6 1927
AUG 26 1927

strom