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

Do not use this space.

2699

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 267

Township ..... Primary Registration District No. 1003 Registered No. 1

City St Louis (No. 4133 Kossuth St. ..... Ward)

2. FULL NAME Mary Elinore McLaughlin Cook

(a) Residence. No. 4133 Kossuth St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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: D. D. Cook, husband

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 12, 1877

7. AGE: Years 50 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: J. P. McLaughlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Martha Settlemore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY)

14. INFORMANT: Thos F. McLaughlin
(Address) 4847 Milentz Ave

15. FILED JAN -9 1928 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2-1928 ~~Jan 6~~, 1928, to Jan 6, 1928, that I last saw her alive on Jan 6, 1928, and that death occurred, on the date stated above, at 10 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism Cerebral
131
82B
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Nephritis (Chr)
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis Mo

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam

(Signed) J. Curtis Lyter, M.D

Jan 7, 1928 (Address) Frisco Bldg St Louis 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: Bellefontaine

DATE OF BURIAL: Jan 9 1928

20. UNDERTAKER: Wagoner

ADDRESS: 3621 Olive

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.