

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

Do not use this space.

19046

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS** (No. **2510** N. LEFFINGWELL St. Ward)

File No.
Registered No. **5462**
St. Ward)

2. FULL NAME

ELIZABETH COOK

(a) Residence. No. **2510 LEFFINGWELL St.**, **20** Ward.

(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 COLORED	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SINGLE
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **MAR. 30. 1914**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	14	1	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **SCHOOL GIRL**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **G.A.**
(STATE OR COUNTRY)

10. NAME OF FATHER **ARTHUR COOK**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Gd.**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **CARRIE GUNN**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Gd.**
(STATE OR COUNTRY)

14. INFORMANT **CARRIE GUNN**
(Address) **2510 Leffingwell Av.**

15. MAY 29 1928
FILED **MAY 29 1928** **Mary E. Starling** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 17 1928**

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....,
that I last saw h..... alive on 19....., and that
death occurred, on the date stated above, at..... **8:15 A.** m.

18. CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular Peritonitis

19. (duration) **7 1/2** yrs. **2** mos. **2** ds.

CONTRIBUTORY (SECONDARY) **2 1/2** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **not known**
IF NOT AT PLACE OF DEATH.....

20. DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

21. WAS THERE AN AUTOPSY? **no**

22. WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **W.C. Gordon**, M.D.
, 19 (Address) **City Mo. #2**

*State the DISEASE CAUSING DEATH, or if 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 **ST. Peter's Cemetery** **DATE OF BURIAL** **May 20 1928**

20. UNDERTAKER **W.C. Gordon and Co** **ADDRESS** **2649 Morgan**

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.

