

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

Do not use this space.  
**10322**

Exact statement of OCCUPATION is very important.  
 26  
 31  
 31

County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 200  
 City Springfield (No. 1725 W. Atlantic)  
 2. FULL NAME Nora B. Cook  
 (a) Residence. No. 1725 W. Atlantic 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1 - 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 6 2  
 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) (STATE OR COUNTRY) Mo.  
 10. NAME OF FATHER Lewis Stokes  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 12. MAIDEN NAME OF MOTHER Cassie Bass  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 14. INFORMANT Levi L. Cook  
 (Address) Springfield, Mo.  
 15. FILED 9-25, 1929 Lon Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28, 1929  
 17. I HEREBY CERTIFY That I attended deceased from Jan 30, 1929, to Jan 29, 1929, that I last saw her alive on Jan 29, 1929, and that death occurred, on the date stated above, at 5 a.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer Rectum  
46 D  
 CONTRIBUTORY (SECONDARY) Dr. J. D. Dyer (duration) yr. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED 45  
 IF NOT AT PLACE OF DEATH.  
 19. DID AN OPERATION PRECEDE DEATH? no. DATE OF no.  
 WAS THERE AN AUTOPSY? no.  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) J. D. Dyer, M. D.  
1929 (Address) 623 Woodruff  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 26  
Robberson Prairie Cemetery, 1929  
 20. UNDERTAKER Willingness & Co ADDRESS Springfield Mo.

