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

Do not use this space.

25 929

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No. 17840

Township — Primary Registration District No. 2001 — Registered No. 408

City Springfield (No. 736 N. Robberson St. Ward)

2. FULL NAME Ellen Cook

(a) Residence. No. 736 Robberson 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: James Cook

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 7-1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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): Ark

PARENTS

10. NAME OF FATHER: Lewis Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ark
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mary Fluellen
(Address) 736 N Robberson

15. FILED 5-24, 1929 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 22 1929

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1929, to May 22, 1929 that I last saw her alive on May 21, 1929, and that death occurred, on the date stated above, at 14 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

DDA

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 74A1

(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) James B. Clark, M. D

May 23, 1929 (Address) 601 N Jefferson

*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: Lincoln Memorial — DATE OF BURIAL: May 26 1929

20. UNDERTAKER: W. P. Campbell — ADDRESS: 869 Wash

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.

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