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

Do not use this space.

24315

1. PLACE OF DEATH
County Gentry — Registration District No. 314 — File No.
Township — Primary Registration District No. 4190 — Registered No. 29
City Stanberry (No. ..... St. ..... Ward)

2. FULL NAME Nancy A. Cook
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-20 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	4	6	

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) Gentry County Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER George McNeese
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Genn. [illegible]
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mk.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Genn.
(STATE OR COUNTRY)

14. INFORMANT W. H. Cook
(Address) Stanberry Mo

15. FILED 7/27, 1929 C. A. Bernat REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw her alive on ....., 19....., and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
(duration) 2 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S. E. Simpson M. D.
, 19 (Address) Stanberry 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 Stanberry Mo — DATE OF BURIAL 7/28 1929

20. UNDERTAKER Laton H. Phillips — ADDRESS Stanberry Mo

Exact statement of OCCUPATION is very important. ... in plain terms, so that it may be properly classified.

Simplify