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

Do not use this space.

38341

1. PLACE OF DEATH
County St Louis — Registration District No. 1160 — File No.
Township ~~Central~~ — Primary Registration District No. 4470 — Registered No. 109
City University (No. 6600 Washington av St. Ward)

2. FULL NAME Florence Cookson
(a) Residence. No. 6600 Washington av St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Capt John H. Cookson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 1838

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	81.	3.	5.	

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

9. BIRTHPLACE (CITY OR TOWN) Huston
(STATE OR COUNTRY) Texas

PARENTS
10. NAME OF FATHER William Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Anna E. Wilkinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Texas

14. INFORMANT Harry E. Cookson
(Address) 6600 Washington av

15. FILED 11-18, 1929 Virginia Tuedschmidt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from 6/18, 1927, to 11/3, 1929 that I last saw her alive on 11/3, 1929, and that death occurred, on the date stated above, at 3.30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis Exudate
131
97
1328 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Uremia also arteriosclerosis (duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F. C. Barnes, M. D.
, 19 (Address) 6312 Washington

*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	DATE OF BURIAL
Missouri Crematory	11/19 1929
20. UNDERTAKER	ADDRESS
Kriegshauser N. C.	4104 Manchester av

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.

23 1929
96
23
235
2

6312. [illegible]

2-3 [illegible]