

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

Do not use this space.

15214

1. PLACE OF DEATH

County *Pettis*  
Township *Araris*  
City *Araris* (No. \_\_\_\_\_)

Registration District No. *668*  
Primary Registration District No. *3898*

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Lena H. Cook*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *26* 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 *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Robert G. Cook*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb - 22 - 1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*72 1 28*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *235*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Charles Mo*

13. NAME *George Buford*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scottsbluff Neb*

15. MAIDEN NAME *Elizabeth Griffin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scottsbluff Neb*

17. INFORMANT *Berry Cook* (ADDRESS) *R-3 Sedalia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bolla Cemetery* DATE *April 22 1931*

19. UNDERTAKER *B. J. Parker* (ADDRESS) *La Monte Mo*

20. FILED \_\_\_\_\_, 19 \_\_\_\_\_ Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 19 1931*

22. I HEREBY CERTIFY, *George B. Cook* That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

*Died suddenly while at her work, evidently from organic heart trouble 1931*

Other contributory causes of importance: *95 B (5)*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) *M. J. Bishop* Coroner \_\_\_\_\_, M. D.

(Address) *Sedalia Mo*

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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**MISSOURI STATE BOARD OF HEALTH  
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Ottawa Registration District No. 668 File No. \_\_\_\_\_  
 Township Prairie Primary Registration District No. 5-8-90 Registered No. 171  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lena W. Cook

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE, OR <u>Robert G. Cook</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 22-1859</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>1</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (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) <u>St Charles Mo</u>		
10. NAME OF FATHER <u>George Bunker</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>		
12. MAIDEN NAME OF MOTHER <u>Elizabeth Griffin</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1931  
 17. Ground only  
 I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Died suddenly while at her work evidently from organic heart trouble  
 (duration) \_\_\_\_\_ 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) W. P. Bishop M. D. Cohen  
 , 19\_\_\_\_ (Address) Sedalia 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 Botta Cem DATE OF BURIAL Apr 22 19 31

20. UNDERTAKER B. F. Parker ADDRESS La mont mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

14. INFORMANT Henry Cook  
 (Address) R-3, Sedalia Mo  
 15. FILED 6-8-31 J. F. Love REGISTRAR

S-19819.