WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

OCT 22 1931

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

Do not use this space.

30478

File No.

Registered No. 12

1. PLACE OF DEATH
County Barton
Township Golden City
City (No.) St. Ward)
Registration District No. 39
Primary Registration District No. 5056

2. FULL NAME Wirt 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 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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Arthur Cook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 11- 1877
7. AGE: YEARS 53 MONTHS 11 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Oceana W. Va.

FATHER
13. NAME: J. P. Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oceana W. Va.

MOTHER
15. MAIDEN NAME: Julia Burdett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Arthur Cook Golden City, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Place I.O.O.F. Golden City Mo. 9-3-31
19. UNDERTAKER (ADDRESS): E. L. Phillips Golden City, Mo.
20. FILED 9-3, 1931 [illegible] Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931, to Sept 2, 1931
I last saw him alive on Sept 2, 1931. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	Don't Know
Age 53	
Sept 2 1931	

Other contributory causes of importance:

Name of operation: Cholecystotomy Date of: Aug 1-31
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? No
If so, specify
(Signed) Chas. R. Boone, M. D.
(Address) Golden City Mo