

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

Do not use this space.

35010

1. PLACE OF DEATH

County Marion Co Registration District No. 546 File No. _____
 Township Jolinson Primary Registration District No. 5736 Registered No. 11
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Rutha Cook
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas. a Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About 65</u>	—	—	—	—

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

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) April 1931 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo

13. NAME Ben Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Jas a Cook

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri DATE 10-3 1931

19. UNDERTAKER (ADDRESS) W. E. R. Kessler
St. James Mo

20. FILED Oct 2 1931 Sau. a. Warner Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from July 12 1931, to Oct 2 1931.
 I last saw her alive on Sept 30 1931. Death is said to have occurred on the date stated above, at 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis 1930
131
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 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) William H. Brewer, M. D.
 (Address) St. James, Mo

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

NOV 5

