

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

Do not use this space.

5978

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 289  
 Township Central Primary Registration District No. 60338  
 City St. Johns station 9017 Bristol Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Theresia A. Cook  
 (a) Residence, No. 9017 Bristol Ave. 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 OR (OR) WIFE OF Joseph P. Cook  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 - 1854  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 10 11 15  
 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) California  
 13. NAME Joseph Leavy  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 15. MAIDEN NAME Mary C. Casey  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Joseph P. Cook 9017 Bristol Ave.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cadway cem. DATE Feb 13 - 1932  
 19. UNDERTAKER (ADDRESS) Joe W. Clark 1125 No. Hammond Ave.  
 20. FILED 2-12 1932 Orela Tracy, M. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from August, 1930, to Feb 10, 1932  
 I last saw her alive on 2 - 10 - 1932 Death is said to have occurred on the date stated above, at 10:57 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of peritoneum Date of onset 5/20/131  
469 465 97  
 Other contributory causes of importance:  
Gen. arterio sclerosis  
 Name of operation Apleratory Date of 5/20/31  
 What test confirmed diagnosis? radiography Was there an autopsy? \_\_\_\_\_  
 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) L. H. Stinson, M. D.  
 (Address) 1004 Mrs Bldg.

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.

MAR 25 1932

V. NO. 2.

revised.