

MAY 3 4 1932

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

Do not use this space.

12316

## 1. PLACE OF DEATH

40 County Bundy Registration District No. 330 File No. \_\_\_\_\_  
 4 Township \_\_\_\_\_ Primary Registration District No. 3017 Registered No. \_\_\_\_\_  
 7 City Trenton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME ANNIE LOUISE COOK

(a) Residence, No. 2007 NORMAL 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. 17 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)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 4 29

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

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) Trenton Mo

FATHER 13. NAME Sherman Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Mo

MOTHER 15. MAIDEN NAME Agnes Yates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merces Co Mo

17. INFORMANT Mrs Sherman Cook (ADDRESS) Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Trenton Mo DATE 4/13 - 1932

19. UNDERTAKER Chas J. Schooley (ADDRESS) Springfield Mo

20. FILED Apr 12 1932 E. G. Duffy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1932, to Apr 11, 1932

I last saw her alive on Apr 11, 1932 Death is said to have occurred on the date stated above, at 1:30 P.m.

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

poisoning by strychnine -  
accidentally taken  
by her self - Date of onset Apr 11

Other contributory causes of importance:

1795 179 41

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

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1932

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) W. B. Belshe, M. D.

(Address) Trenton Mo

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