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.

MAY 22 1933

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

Do not use this space.

12651

1. PLACE OF DEATH

County: Cedar — Registration District No.: 165 — File No.:

Township: Linn — Primary Registration District No.: 5231 — Registered No.: 22

City: Stockton, Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Mary E. Cooksey

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 7, 1855

7. AGE: YEARS 77 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work
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): Tennessee.

FATHER

13. NAME: John Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Elizabeth [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

17. INFORMANT (ADDRESS): Mrs. Elissa Frieze, Stockton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lindley Virginia — DATE: Apr. 5, 1933

19. UNDERTAKER (ADDRESS): W. C. Davis & Co., Stockton, Mo.

20. FILED: May, 1933 — E. S. Smith, Registrar. — Mary Boyless.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1933, to 4-4, 1933

I last saw her alive on 4-4, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

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

Cerebral hemorrhage. — Date of onset

82 A

Other contributory causes of importance:

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 ....., 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) H. A. Simrell, M. D.

(Address) Stockton Mo.