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

Do not use this space.

85

File No. 18996

Registered No. 638

Registration District No. 1001

Primary Registration District No.

1. PLACE OF DEATH
County: Buchanan
Township: Washington
City: St Joseph (No. 1319 South 4th Street St. Ward)

2. FULL NAME: Ellnora May Cook

(a) Residence, No. 1319 South 4th 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 23, 1931

7. AGE: Years 2 | Months 1 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

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): St Joseph Missouri

FATHER
13. NAME: Rufus E. Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte county Iowa

MOTHER
15. MAIDEN NAME: Mable Hutchen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Riddle Missouri

17. INFORMANT: Mrs. R. E. Cook
(ADDRESS) 1319 South 4th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Auburn Cemetery DATE: June 23, 1933

19. UNDERTAKER: E. R. Lidenfelser
(ADDRESS) 602 South 10th Street

20. FILED: 6-22-33, 19.... John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to June 21, 1933
I last saw her alive on June 21, 1933. Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Indigestion	6-14-33
1708	
63	

Other contributory causes of importance: Rickets — 4-10-32

Name of operation: None Date of: No
What test confirmed diagnosis? None 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) W. Roan Magee M.D., M. D.
(Address) St Joseph Mo

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.