

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

Do not use this space.

1. PLACE OF DEATH
 74 County Madaway Registration District No. 620
 9 Township Polk Primary Registration District No. 3031
 7 City Marionville (No. _____) St. _____ Ward _____
 2. FULL NAME Mrs. Media Cook
 (a) Residence, No. 401 West Thompson 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.

File No. 23959
 Registered No. 79

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. C. Cook
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 9 4

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. at home
 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) Camp Point Ill

13. NAME Wm M. Benschaw

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

15. MAIDEN NAME Nancy Hogan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Floyd Cook

18. BURIAL, CREMATION, OR REMOVAL PLACE Meriam DATE July 21 1933

19. UNDERTAKER (ADDRESS) Commercial Funeral Co

20. FILED 7-21 19 33 Marionville 220 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 15 - 30, to July 19 33
 I last saw her alive on July 19, 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Multiple Sclerosis
8710
 Date of onset 1

Other contributory causes of importance:

8710
 Name of operation None Date of _____
 What test confirmed diagnosis? Skinner tests only _____
90

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) Chas. J. Bee _____, M. D.

(Address) _____

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.

AUG 20 1933

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