

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.

OCT 16 1934

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

Do not use this space.

32306

1. PLACE OF DEATH

County Clinton
Township W. 2
City Paris (No.)

Registration District No. 210
Primary Registration District No. 5290

File No. 5
Registered No. 10
St. Ward

2. FULL NAME Anna May Cook

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 1 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) Germany

MOTHER / FATHER
13. NAME John Smith

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

15. MAIDEN NAME Nettie Kelley

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

17. INFORMANT (ADDRESS) Anna Cook

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Mo DATE 9-23 1934

19. UNDERTAKER (ADDRESS) Wilson & Brown

20. FILED Sep 22 1934 John Kay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9 1934, to Sept 20 1934
I last saw her alive on Sept 15 1934. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the breast and axillary lymph nodes
530 50
Other contributory causes of importance: L. Breast removed Aug 1932. Melignant
Date of onset 5-194

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? No.
If so, specify.....
(Signed) C. Thompson, M.D.
(Address) Clinton, Mo.

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