

DEC 13 1934

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

Do not use this space.

38871

File No. ....

Registered No. 50

## 1. PLACE OF DEATH

County *Dighton*Registration District No. *204*Township *Shoal*Primary Registration District No. *3013*City *Cameron* (No. ....) St. .... Ward

## 2. FULL NAME

(a) Residence, No. *330 High* 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) *Widowed*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *C. H. Cook*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 12 1868*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*65 10 29*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home wife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *538 Secretary*10. Date deceased last worked at this occupation (month and year) *46* 11. Total time (years) spent in this occupation. *118*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ized*13. NAME *David Brewer*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*15. MAIDEN NAME *Sailey*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*17. INFORMANT (ADDRESS) *Miss Harriet Cook  
Cameron Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Hanson Mo.* DATE *Nov 13 1934*19. UNDERTAKER (ADDRESS) *Old Man  
Cameron Mo.*20. FILED *Nov 12 1934* *D. H. Riley* Registrar

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-11-1934*22. I HEREBY CERTIFY, That I attended deceased from *7-9-1934* to *11-11-1934*I last saw her alive on *11-11-1934*. Death is said to have occurred on the date stated above, at *11:40 a.m.*

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

Date of onset

*Carcinoma of Stomach  
Secondary  
Pulmonary metastases - 11-9-34*

Other contributory causes of importance:

*Carcinoma bladder  
Primary*Name of operation *none* Date of *11-11-34*What test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

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) *Harriet Cook*, M. D.(Address) *Cameron Mo.*

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.

