

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.

80
47
8

235

2

2

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

JAN 9 1935

Monroe
Do not use this space.

43949

1. PLACE OF DEATH
 County PETTIS Registration District No. 668
 Township..... Primary Registration District No. 3032
 City SEDALIA (No. 311 E 25th St. _____ Ward _____)

2. FULL NAME JANIE MAHALA COOK
 (a) Residence, No. 311 E 25th 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. 43949-15
 Registered No. 608
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 22 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>50</u>	<u>0</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

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) MO.

MOTHER FATHER

13. NAME ARCH GOFF

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

15. MAIDEN NAME SARAH MCCOOL

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

17. INFORMANT J. W. COOK
 (ADDRESS) SEDALIA MO.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE CROWN HILL DATE DEC. 11/34

19. UNDERTAKER GILLESPIE FUNERAL HOME
 (ADDRESS) SEDALIA MO

20. FILED 12/10/34 Stan Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 9/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1932 to Dec 9 1934
 I last saw her alive on Dec 7 1934 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
(Primarily) aortic stenosis
131
928
 Other contributory causes of importance:
P. nephritis 121

Name of operation _____ Date of _____
 What test confirmed diagnosis? diagnosed 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) Arthur E. Mason M. D.
 (Address) 111 W 9 Sedalia Mo

Date of onset about 1931

