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

APR 29 1934

Do not use this space.

11762

File No.
Registered No.

1. PLACE OF DEATH
County: North
Township: Fletchall
City: ~~Grant City Mo~~ (No. ..... St. ..... Ward)
Registration District No. 903
Primary Registration District No. 1212

2. FULL NAME: Cora L. Cook

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 34 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lilie H. Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 3 1854

7. AGE: YEARS 80 | MONTHS 7 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): June 1927
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown North Carolina

FATHER
13. NAME: Samuel Dillon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER
15. MAIDEN NAME: Cynthia Wheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

17. INFORMANT (ADDRESS): Lola Cook, Grant City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grant City Cem. DATE: March 6, 1935

19. UNDERTAKER (ADDRESS): Frank C. Dunlee, Grant City, Mo.

20. FILED: 4-9, 1935 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1934 to 3-4, 1935
I last saw her alive on 3-3, 1935. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1934

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Other contributory causes of importance:

Name of operation: ✓ Date of: ✓
What test confirmed diagnosis? Physical ✓ 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) J. Rost M.D., M. D.
(Address) Grant City 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

100M-11-24-33