JUL 2 2 1935

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

Do not use this space.

19731

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 2870

Township: Kansas — Primary Registration District No.: 1 3 0 2 — Registered No.: 2870

City: Kansas City (No. K C General Hosp. St. ..... Ward)

2. FULL NAME Mary Cook

(a) Residence, No. 3914 OE 13th St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59 ~~60~~	2	4	

OCCUPATION

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

FATHER
13. NAME James Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Florence Vetheart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Reuna Clerk
(ADDRESS) K C Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE June 11, 1935

19. UNDERTAKER Mrs. C. S. Porter
(ADDRESS) 912 Brooklyn

20. FILED 6/10, 1935 Mrs. Carson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1935, to 6-9, 1935

I last saw he alive on 6-9, 1935. Death is said to have occurred on the date stated above, at 12:20 a m

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

	Date of onset
Cerebral Hemorrhage	
8201	

Other contributory causes of importance:
Cerebral Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) [illegible], M. D.
(Address) K C Gen Hosp
K C 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.