

SEP 25 1935

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

Do not use this space.

27341

1. PLACE OF DEATH

County Pulaski Registration District No. 714  
Township Roubidoux Primary Registration District No. 5944  
City (No. ....) St. .... Ward)

File No. 3A  
Registered No. 9

2. FULL NAME

Mollie 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Cook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6 1864</u>		
7. AGE YEARS <u>70.</u>	MONTHS <u>10</u>	IF LESS than 1 day, or min. <u>8</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Apr. 1935</u>	
11. Total time (years) spent in this occupation <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
	15. MAIDEN NAME <u>Not known</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
	17. INFORMANT <u>Becky Cook</u> (ADDRESS) <u>Bloodland, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friends Chapel</u> DATE <u>8-15-35</u>		
19. UNDERTAKER (ADDRESS) <u>E. L. Young, Hunt, Son</u> <u>Bloodland, Mo.</u>		
20. FILED <u>9-10-35</u> <u>A. G. Roance</u> Registrar. <u>Bloodland, Mo.</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 - 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1935 to Aug. 14, 1935, 19....  
I last saw her alive on Aug. 1, 1935, 19.... Death is said to have occurred on the date stated above, at 4:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma Gall Bladder

Other contributory causes of importance:  
Gall stones

Date of onset 1934  
1930

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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 P. A. Hamilton  
(Signed)..... M. D.  
(Address) Saffron, Mo  
Bloodland, 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.

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