

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

Do not use this space.

AUG 21 1935

27454

**1. PLACE OF DEATH**

County St. Louis Registration District No. 333  
 Township Jefferson Town Primary Registration District No. 4468  
 City Kinloch (No. 5th & Jefferson Streets St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 125

**2. FULL NAME** Alma Cook

(a) Residence, No. 5th & Jefferson Sts., St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, RE-DIVORCED, OR SEPARATED (OR) WIFE OF Louis Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th/1886

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>49</u>	<u>5</u>	<u>12</u>		

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) August 1935 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rollington Missouri

FATHER 13. NAME Ben Music

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

MOTHER 15. MAIDEN NAME Lottie Townsend

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

17. INFORMANT (ADDRESS) Louis Cook Kinloch Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Aug. 22/1935

19. UNDERTAKER (ADDRESS) Chas. J. Sater 4107 Finney Avenue

20. FILED 8/22 1935 W. A. Zentler Registrar. Paul B. Smith

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1935, to August 17, 1935

I last saw her alive on August 17, 1935 Death is said to have occurred on the date stated above, at 10:10 P.M.

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

Chronic myocarditis  
Chronic valvular disease  
Chronic interstitial nephritis  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
 What test confirmed diagnosis Autopsy 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) J. F. Winston, M. D.  
 (Address) 2743 Franklin Avenue

1951 AUG 15