

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.

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

Do not use this space.

Aug. 8 1935

1. PLACE OF DEATH

County Putnam Registration District No. 718 File No. 30407
Township _____ Primary Registration District No. 6830 Registered No. 48
City Unionville (No. _____) St. _____ Ward _____

2. FULL NAME Cora O. 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

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 Fred L. Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 1 26

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. House work
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) Putnam Mo

13. NAME P. T. Newear

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

15. MAIDEN NAME Elizabeth Lute

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

17. INFORMANT (ADDRESS) Fred L. Cook Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Sept 27 1935

19. UNDERTAKER (ADDRESS) Comstock Mice Co Unionville, Mo

20. FILED Sept 23, 1935 N. W. Callum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1935, to Sept 20, 1935
I last saw her alive on Sept 18th, 1935 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Cystitis and Septicemia Date of onset 9/15/35

53
Other contributory causes of importance:
Intraductal tumor of Spinal Cord believed (malignant) since May 1935

Name of operation None Date of _____
What test confirmed diagnosis? Chemical tests 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) Phyllis E. Cobb, M. D.
(Address) Unionville Mo

