

JUL 16 1936

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

Do not use this space.

21919

1. PLACE OF DEATH

County Bartow

Registration District No. 39

Township Golden City

Primary Registration District No. 4023

City Golden City (No. _____)

File No. _____

Registered No. 9

St. _____ Ward _____

2. FULL NAME Minnie 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 Perry Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52 2 3

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden City, Mo.

13. NAME Karl Bauegeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festenburg, Ill.

15. MAIDEN NAME Ida Kaelke

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

17. INFORMANT Perry Cook (ADDRESS) Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE P.O.F. Cem. Golden City, Mo. DATE June 3 1936

19. UNDERTAKER G. A. Phillips (ADDRESS) Golden City, Mo.

20. FILED July 10, 1936 B. F. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 - 1936

22. I HEREBY CERTIFY That I attended deceased from was dead when I saw him, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at about 5:15 p.m.

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

Rupture of aneurysm of anterior of abdominal aorta; entry coronary death by hemorrhage

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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. M. Brooks, M. D.

(Address) Golden City, Mo.

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

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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