

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

Do not use this space.

JUL 14 1936

24911

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City ..... (No. **2417 CASS AVE**) St. .... Ward

File No. ....  
Registered No. **6567**  
St. .... Ward

2. FULL NAME **ELLEN COOK**

(a) Residence, No. **2417 CASS AVE** St. **21** Ward. (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 <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>WIDOWED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>JOSEPH H. COOK</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>NOV. 27, 1860</b>		
7. AGE	YEARS	MONTHS
	<b>75</b>	<b>6</b>
		DAYS
		<b>29</b>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<b>HOUSE WORK</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<b>housewife</b>
	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) **ST. LOUIS, MO**

13. NAME **MICHAEL KILLEEN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

15. MAIDEN NAME **LAVINA REYNOLDS**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

17. INFORMANT **STELLA COOK**  
(ADDRESS) **2417 CASS AVE**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **CALVARY CEMETERY** DATE **JUNE 30, 1936**

19. UNDERTAKER **GOODHART AND GOODHART**  
(ADDRESS) **2228 ST. LOUIS AVE**

20. FILED **JUN 29 1936**  
**J. F. Bredeck**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 26, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **July**, 19**34**, to **June 26**, 19**36**  
I last saw him alive on **June 26**, 19**36**. Death is said to have occurred on the date stated above, at **11:30 a.m.**

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

**Coronary Insufficiency**  
**Myocardial Degeneration**  
Date of onset **6/18 1934**

Other contributory causes of importance:  
**Arteriosclerosis**  
**Chronic Nephritis**

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

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? **Yes**  
If so, specify .....

(Signed) **Am. Hall**, M. D.  
(Address) **2704 Cass Ave**

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.

