

DEC 18 1936

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

Do not use this space.

29863-2

## 1. PLACE OF DEATH

County Rollinger Registration District No. 20  
Township Whitewater, R. 1 Primary Registration District No. 5409  
City Sedgewickville (No. ....) St. .... Ward)

File No. ....

Registered No. 9

## 2. FULL NAME

Susan 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jesse Cook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-19-1849</u>		
7. AGE	YEARS	MONTHS
	<u>87</u>	<u>5</u>
		<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <u>Lived with daughter</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) .....		
11. Total time (years) spent in this occupation .....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Sedgewickville</u> <u>Mo.</u>		
13. NAME <u>Hiram Hattle</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No. Carolina</u>		
15. MAIDEN NAME <u>Eva Bollinger</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No. Carolina</u>		
17. INFORMANT (ADDRESS) <u>Florence James</u> <u>Sedgewickville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedgewickville, Mo.</u> DATE <u>Aug 29</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Creight Allen</u> <u>Jackson, Mo.</u>		
20. FILED 19 <u>36</u> <u>Edw. Crites, M.D.</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28<sup>th</sup> 1936  
22. I HEREBY CERTIFY, That I attended deceased from Aug 19<sup>th</sup> 1936 to Aug 28<sup>th</sup> 1936  
I last saw her alive on Aug 28<sup>th</sup> 1936 Death is said to have occurred on the date stated above, at 8 A. m.  
The principal cause of death and related causes of importance were as follows:

Catitio  
Senility  
Date of onset

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? .....  
If so, specify .....  
(Signed) Edward Crites, M.D.  
(Address) Sedgewickville, 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.

