APR 22 1937

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

Do not use this space.

12535

1. PLACE OF DEATH
County McDonald — Registration District No. 315 — File No.
Township Prairie — Primary Registration District No. 5687 — Registered No.
City Southwest City Mo R#I — St. — Ward)

2. FULL NAME ~~Mrs.~~ Mary Elizabeth Cookerly
(a) Residence, No. — St., — Ward. — (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Michael Cookerly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 6th 1856

7. AGE: 79 YEARS (6) 6 MONTHS 7 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework
10. Date deceased last worked at this occupation (month and year): 30 days
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

FATHER
13. NAME: Edward Maney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Margaret
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Walter Cookerly, Southwest City Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mount Hope, Joplin Missouri — DATE: March 14th 1936

19. UNDERTAKER (ADDRESS): Nichols Brothers, Southwest City Mo

20. FILED 3/13th/36 John J. Nichols, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1936, to 3-13, 1936
I last saw her alive on 3-10, 1936. Death is said to have occurred on the date stated above, at 3:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
Chronic arthritis	
Bronchi-pneumonia	

Other contributory causes of importance: 46
Senility

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) R. E. Warmack, M. D.
(Address) Southwest City, Mo.

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.