

SEP 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County CallawayTownship SummitCity SummitRegistration District No. 109Primary Registration District No. 5-952AFile No. 30299Registered No. 625

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

Theresa 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

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFWalter Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

3/31/1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.49422

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.House wife9. 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)MissouriFATHER  
MOTHER

13. NAME

William Rice14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri

15. MAIDEN NAME

Susan Bryant16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri

17. INFORMANT

(ADDRESS)

Walter Cook  
Ashland, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union Hill

DATE

8/24/1937

19. UNDERTAKER

(ADDRESS)

Ray A. Holt  
New Bloomfield, Missouri

20. FILED

Sept 10, 1937Emil Rusk

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23/1937 19

22. I HEREBY CERTIFY, That I attended deceased from

Aug 14, 1937 to Aug 23, 1937I last saw him alive on Aug 14, 1937 Death is saidto have occurred on the date stated above, at 9:25 p.m.

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

Carcinoma of Rectum

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

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)

Emil Rusk, M. D.

(Address)

New Bloomfield

WRITE PENALTY 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.

