

JAN 20 1938

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

Do not use this space.

271

82

46120

1. PLACE OF DEATH

County Montgomery
Township Louisa
City McKittick, R.F.D. (No.)

Registration District No. 590
Primary Registration District No. 57880

File No.
Registered No.
St. Ward

2. FULL NAME Ellen Anna Elizabeth Cook 200

(a) Residence, No. McKittick, Mo. R.F.D. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Cook

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1937, to Jan 1 1938

I last saw her alive on Dec 31 1937. Death is said to have occurred on the date stated above, at 4.2 m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
77 II I4

Chronic Nephritis

Date of onset

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

Other contributory causes of importance: Arterial Sclerosis

12. BIRTHPLACE (CITY OR TOWN) Jonesburg (STATE OR COUNTRY) Montgomery

13. NAME Israel Grant Logan

14. BIRTHPLACE (CITY OR TOWN) Montgomery Co (STATE OR COUNTRY)

15. MAIDEN NAME Izila Jane Patton

16. BIRTHPLACE (CITY OR TOWN) Jonesburg (STATE OR COUNTRY) Montgomery Co

17. INFORMANT William Henry Cook (ADDRESS) McKittick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Cem DATE Jan 3 1938

19. UNDERTAKER Barton Baker (ADDRESS) American Mo

20. FILED Jan 5 1938 Blauche Scholten Registrar.

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? No
If so, specify

(Signed) H. J. Reichert, M. D.
(Address) McKittick Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

