

REC'D FEB 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH2009
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5780 Registered No. 2
 (c) City Liberty (d) Street No. 301 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 536 Myrtle St. Vanderhoop St. Louis, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. B. Vanderhoop
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1858
 7. AGE YEARS 80 MONTHS 6 DAYS 23 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc. for self.
 10. Date deceased last worked at this occupation (month and year) 2 yrs ago. 11. Total time (years) spent in this occupation 50
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Medina Ohio
 FATHER 13. NAME Albert Cook
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine
 MOTHER 15. MAIDEN NAME Catherine McDonald
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
 17. INFORMANT (ADDRESS) E. B. Vanderhoop
Liberty, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo DATE 11/8/39
 19. FUNERAL DIRECTOR (ADDRESS) Church - Archer Co
Liberty, Mo
 20. FILED 179 19 9 E. I. Bryant
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to January 6, 1939
 I last saw her alive on January 6, 1939. Death is said to have occurred on the date stated above, at 2:20 A. M.
 The principal cause of death and related causes of importance were as follows:
Senility - Mental -
Arterio Sclerosis - has been
incapacitated for at least
20 years -
55 W
 Date of onset
 Other contributory causes of importance:
Probable a Fibroid Tumor
of Left Ovary
 Name of operation no. Date of
 What test confirmed diagnosis? Symptoms Was there an autopsy? no.
 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) W. L. Nyberg, M. D.
 (Address) Liberty Mo.

RECEIVED
District Health Officer No. 8,
District File Number
11/13/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)