

1939 APR 11 1939

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

11745
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Madaway. Registration District No. 629
 (b) Township Jackson. Primary Registration District No. 5831
 (c) City _____ (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Suella Ce Cook
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 5 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as 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) Fairfield Iowa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1938, to Mar 22, 1939
 I last saw her alive on Mar 22, 1939. Death is said to have occurred on the date stated above, at 12:10 pm.
 The principal cause of death and related causes of importance were as follows:
Senile Dementia Date of onset _____
160

Other contributory causes of importance: _____

FATHER 13. NAME Nimrod Dyer. 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Elizabeth Travis 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Earl W. Cook. Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Braham Mo. DATE Mar 25, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED Mar 25, 1939 Grace Behalt Local Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? Chemical 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) James Bayles, M.D.
Conception J. ... (Address) _____

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.

RECEIVED

District Health Officer No. 111

District File Number 39-238

Date Filed APR 7 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

John W. Price

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

John W. Price

Licensed Embalmer No. 3229

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.