

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH18764
Do not use this space.

1. PLACE OF DEATH

(a) County Holt Registration District No. 373
 (b) Township..... Primary Registration District No. 4219 Registered No. 9
 (c) City Oregon (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 Mary Elizabeth Cook

(a) Residence, No. Oregon, Missouri St.
 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 8

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

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) Oregon,
(STATE OR COUNTRY) Missouri

13. NAME Silas Pierce

14. BIRTHPLACE (CITY OR TOWN) Baltimore,
(STATE OR COUNTRY) Maryland

15. MAIDEN NAME Mary Elizabeth Shook

16. BIRTHPLACE (CITY OR TOWN) Westmoreland County
(STATE OR COUNTRY) Penn.

17. INFORMANT Fred Cook
(ADDRESS) Oregon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon, Mo. DATE May 23, 1939

19. FUNERAL DIRECTOR (NAME) Pettijohn Funeral Service
(ADDRESS) Oregon, Missouri

20. FILED May 23, 1939 Ralph C. Moore,
Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to May 22, 1939

I last saw her alive on May 22, 1939. Death is said to have occurred on the date stated above, at 8:50 Am.

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

Cerebral Hemorrhage

Date of onset
3/21/39

Other contributory causes of importance:

Paralysis from
Cerebral Hemorrhage

Name of operation none Date of.....

What test confirmed diagnosis? Clinical 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 no injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) E. F. Hildner, M. D.

339 (Address) Oregon 220

RECEIVED

District Health Officer No. 11,

District File Number 39-686

Date Filed JUN 13 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, or by _____

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

Signed

Ralph C. Moore

Licensed Embalmer No. 1743

P. O. Address Oregon, Mo.

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.