

MISSOURI STATE BOARD OF HEALTH

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

44423  
Do not use this space.

1. PLACE OF DEATH

(a) County RAY Registration District No. 947 7  
(b) Township CAMDEN Primary Registration District No. 1444 4/34 Registered No. \_\_\_\_\_  
(c) City CAMDEN (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 JANE COOK 2A

(a) Residence, No. CAMDEN, Mo. 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 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 MYREL COOK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 15, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 1 8

OCCUPATION 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) Ray County Mo.

FATHER 13. NAME THOMAS DUNCAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY Co Mo

MOTHER 15. MAIDEN NAME Molly Jane Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY Co Mo

17. INFORMANT (ADDRESS) MYREL COOK Camden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE BRUEN CEMETERY DATE 4/25/38

19. FUNERAL DIRECTOR (ADDRESS) Gibson + Son ORRICK Mo

20. FILED Dec 31 1937 M. D. Middleton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1938

I HEREBY CERTIFY That I attended deceased from June 20 1938 to June 23 1938

I last saw her alive on June 2 1938 Death is said to have occurred on the date stated above, at 5:15 a.m.

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

Pulmonary Tuberculosis Date of onset 1936

Other contributory causes of importance: 72

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis clinical (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? Yes

If so, specify \_\_\_\_\_ (Signed) J. W. Gaines M. D.

(Address) Richmond, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, C.V. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by E.C. Gibson, Registered Apprentice No. 151

working under my personal supervision.

Signed C.V. Gibson

Licensed Embalmer No. 2299

**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.)**