

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

Do not use this space.

29453

1. PLACE OF DEATH

42 County Henry
Township Deep Water
City Montrose (No. _____)

Registration District No. B52
Primary Registration District No. 5473

File No. _____
Registered No. 16
St. _____ Ward) _____

2. FULL NAME

Gertrude Grezie Cook

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? 31 yrs. 1 mos. 19 ds. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14th 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 1 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Keeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. House-Work
10. Date deceased last worked at this occupation (month and year) Aug 31st 1932 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME William J. Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary M. Fastabend

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs J. Cook (ADDRESS) Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19____

19. UNDERTAKER Welling Bros (ADDRESS) Montrose Mo

20. FILED Sep-5 1933 J. M. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 31st 1931, to Sept 3rd 1933

I last saw him alive on Sept 3rd 1933 Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Diabetic Coma

Date of case 8/31-33

Other contributory causes of importance: General Debility

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) J. S. McDonald, M. D.
(Address) Wich, Mo.

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.

MARGIN RESERVED FOR BINDING

U. S. NO. 2

