

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

Do not use this space.

24254

1. PLACE OF DEATH

42 County Henry
Township Walker
City _____ (No. _____)

Registration District No. 355
Primary Registration District No. 5498

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anton Cook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>X Dec 28 1935</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>6</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>March 1971</u>		11. Total time (years) spent in this occupation <u>all her life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
13. NAME <u>John Bauer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>		
17. INFORMANT <u>H. B. Richtenauer</u> (ADDRESS) <u>Monroe</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Germantown</u> DATE <u>July 4 1939</u>		
19. UNDERTAKER <u>Helling Brothers</u> (ADDRESS) <u>Monroe</u>		
20. FILED <u>810</u> 19 <u>34</u> <u>W. E. Baggerly</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2 1934

22. I HEREBY CERTIFY That I attended deceased from me 11, 1932 to June 29, 1934
I last saw her alive on June 29, 1934. Death is said to have occurred on the date stated above, at 3:30 A. M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
soft
8221
Other contributory causes of importance: None

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) R. C. Smith M. D.
(Address) Wich 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.

AUG 14 1934

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

