

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

Do not use this space.

15164

**1. PLACE OF DEATH**

County Jackson  
Township Haw  
City Wentzville

Registration District No. 399  
Primary Registration District No. 1002

File No. 2132  
Registered No. 2132  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Miss Muriel Georgia Cook  
(a) Residence No. 1708 Memphis St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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) Nov. 29, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
20 | 5 | 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None 16  
(b) General nature of industry, business, or establishment in which employed (or employee) \_\_\_\_\_ 85  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Wentzville  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Wm A Cook

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bucklin  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Edith M Apple

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Oregon

14. INFORMANT Mrs Golda Beise  
(Address) 212 Wilson Blvd WCB

15. FILED 5/18/27 M. M. Crowe  
REGISTRAR act

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Epileptic seizure

CONTRIBUTORY (SECONDARY) Stroke Paralysis  
at 16 mo of age  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

8. IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Christ Nelson, M.D

5-17, 1927 (Address) Wentzville

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Shawnee Cem May 20 1927

20. UNDERTAKER ADDRESS Simmons & Son Wentzville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state amount of stupef EXACTLY.

