

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

Do not use this space.

6451

1. PLACE OF DEATH Jackson Registration District No. 399
 County.....Kearney..... Primary Registration District No. 1002
 Township.....Kearney.....
 City.....Kearney (No. Research Hospital) St. Ward.....
 2. FULL NAME Margaret Ruth Cook
 (a) Residence. No. 1032 E 22nd St. 4 Ward.
 (Usual place of abode) No. Ke. Mo. (If nonresident give city or town and State)
 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 Fe 4. COLOR OR RACE W 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) Sept 10-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 4 25

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Peoria, Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER Frank Cook

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

12. MAIDEN NAME OF MOTHER Mina Ewing

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

14. INFORMANT Frank Cook
 (Address) 1032 E 22nd St

15. FILED 2-7-29 M. M. Empe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 29/29 to Feb 5 1929
 that I last saw her alive on Feb 5 1929, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Puritonitis

121A
129 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ruptured appendix.
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 4/29

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Dr. F. H. Bagley M. D.
2/6 1929 (Address) 4-5 Commercial N. K. C.

*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 MT. Moriah K.C. Mo. DATE OF BURIAL 2/7 1929

20. UNDERTAKER Worton & Co ADDRESS No. K.C. 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.

261
 2
 2
 2

