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

Do not use this space.

36400
4810

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township — Primary Registration District No. 0002 — File No. — Registered No.
City Kansas City (No. St. Lukes Hospital St. Ward)

2. FULL NAME Ellen Cook
(a) Residence. No. 2118 W. 47th St. Terrace Ward.
(Usual place of abode) (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: 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) May 5 1905

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
25	6	22	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Chas. Cook
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lena Chalk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas

14. INFORMANT Chas. Cook
(Address) 2118 W. 47th St. Terrace

15. FILED 11-29, 1930 M. M. Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug-30-, 1926, to Nov-27-, 1930, that I last saw h. alive on Nov-26-, 1930, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Broncho Pneumonia
(duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED do not know
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/18/30
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Sam Gutelius, M.D.
11-29-, 1930. (Address) 713 Rockefeller Bldg Kansas City Mo

*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: Forest Hill — DATE OF BURIAL: Nov29 1930
20. UNDERTAKER: Gated Funeral Home — ADDRESS: K.C.K.

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.

Dr. Sam Snider [illegible]
Med Arts
10³⁰ a.m.