

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

Do not use this space.

11928

APR 23 1936

1. PLACE OF DEATH

County Phelps
Township _____
City Rolla

Registration District No. 1147
Primary Registration District No. 1147
(No. Rolla Hospital)

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

2. FULL NAME Mrs. Effie Cook

(a) Residence, No. Salem, Missouri St. _____ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Elva Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 2 8

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dent County (STATE OR COUNTRY) Mo.

13. NAME Jesse Summers

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Jane Pewitt

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT Miss Violet Cook (ADDRESS) Salem, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Forest DATE 4/2 1936

19. UNDERTAKER H. W. Hohson (ADDRESS) Salem, Mo.

20. FILED 4/1 1936 W. R. Reed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1936, to March 31, 1936

I last saw h.e.r. alive on March 31, 1936 Death is said to have occurred on the date stated above, at 8:25 A.M.

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

Streptococcus infection in the face (Erysipelas) Date of onset
15th

Other contributory causes of importance:

Name of operation Nausea Date of _____
What test confirmed diagnosis? Physiocal Was there an autopsy? _____

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? If so, specify _____

(Signed) W. R. Reed, M. D.
(Address) Rolla, 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.

