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.

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 7?? — File No. 4271
Township — Primary Registration District No. 4479 — Registered No.
City Slater (No. ..., ... St. ..... Ward)

2. FULL NAME Mrs. Georgia A, Cook 200
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 11

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 21, 1847.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
90	3	2	

OCCUPATION
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. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER
13. NAME Her was a Gillians Don, t Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don, t Know Va

MOTHER
15. MAIDEN NAME a distant cous Don, t Know Gilliam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don, t Know Va
Corrections by W. M. Tuttle

17. INFORMANT (ADDRESS) Mr. Sam Gilliam, Slater Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Near Slater Mo. DATE Jan 25th, 38

19. UNDERTAKER (ADDRESS) Jones and Salzer, Slater Mo.

20. FILED Jan 24 1938 W. M. Tuttle Registrar. 701

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 23, 1938, 19

22. I HEREBY CERTIFY That I attended deceased from January 20, 1938, to January 23, 1938
I last saw her alive on January 23, 1938. Death is said to have occurred on the date stated above, at 1.30 P M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) S. Meat, M. D.
(Address) Slater Mo

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