

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

Do not use this space.

21916

1. PLACE OF DEATH

County Pates
Township Walnut
City Proctor (No. _____, St. _____, Ward _____)

Registration District No. 56
Primary Registration District No. 4562

File No. _____
Registered No. 5

2. FULL NAME

(a) Residence, No. _____, St. _____, Ward _____.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. da. 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 Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (Indicate by check (X) if wife or (W) if wife of) Wife of Elias Orear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1840

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
	<u>86</u>	<u>8</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

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) (STATE OR COUNTRY) Kentucky

13. NAME Henry Brown Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Sarah Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mary Martin Proctor mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE July 31 1932

19. UNDERTAKER (ADDRESS) Culbert Butler mo

20. FILED July 29 1932 H. A. Rhoades Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 22 1927 to July 19 1932
I last saw her alive on July 18 1932 Death is said to have occurred on the date stated above, at 8-10 P. M.

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

82C
97 Senile softening of brain
162
Artero-sclerosis

Date of onset gradual

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? No
If so, specify _____

(Signed) H. A. Rhoades, M. D.
(Address) Proctor 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.

AUG 22 1932

