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

PLACE OF DEATH

County Grundy

Township Jefferson
or
Village
or
City (NO. St.; Ward)

Registration District No. 831 File No. 27685

Primary Registration District No. 5461 Registered No. 7

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Lloyd Earnest Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: August (Month) 26 (Day), 1894 (Year)

AGE: 17 yrs. 3 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): —— 1-02

BIRTHPLACE (City or town, State or foreign country): Harrison Co., Mo.

PARENTS

NAME OF FATHER: John Hiram Cole

BIRTHPLACE OF FATHER (City or town, State or foreign country): Grundy Co., Mo.

MAIDEN NAME OF MOTHER: Anna Maria Mendenhall

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Pueblo Co., Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Robertson

(ADDRESS) Hickory, Mo.

Filed 11-30, 1911. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 30 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 20, 1911, to Nov 30, 1911, that I last saw him alive on Nov 29, 1911, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

1

103 97

(Duration) yrs. mos. 7 ds.

Contributory (SECONDARY) Hemorrhagic Typhoid

(Duration) yrs. mos. 14 ds.

(Signed) Geo W Belshe M. D.

Nov 30, 1911 (Address) Trenton MO

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Coon Creek Cemetery

DATE OF BURIAL: Dec. 1, 1911

UNDERTAKER: Wm. Gipson

ADDRESS: Trenton, Mo.