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

Do not use this space.

18385

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2488

Township Kaw — Primary Registration District No. 1002 — Registered No. 2488

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Walter Ross Cole

(a) Residence. No. 3528 Chestnut St., 16 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: Male

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) February 15, 1922

7. AGE: 5 YEARS — MONTHS: 4 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Paul E. Cole

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dalton City
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Margaret Ross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Elgin
(STATE OR COUNTRY) Illinois

14. INFORMANT Paul E Cole
(Address) 3528 Chestnut

15. FILED 6/20, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1927

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1927, to June 17, 1927, that I last saw him alive on June 17, 1927, and that death occurred, on the date stated above, at ~~[illegible]~~ 10 18 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121A

1 Acute Gangrenous Appendicitis

117A

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Peritonitis

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 3528 Chestnut

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 8, 1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operative

(Signed) Fred B Kyger, M. D

June 20, 1927 (Address) 914 Med Arts bldg.

*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: Elmwood — DATE OF BURIAL: 6/20th 1927

20. UNDERTAKER: The Taylor Funeral Home Inc — ADDRESS

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.