

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

Do not use this space.

29297

OCT 29 1927

1. PLACE OF DEATH

County Stoddard
Towship _____
City Dexter (No. _____)

Registration District No. 838
Primary Registration District No. 7509

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

2. FULL NAME

Lola B. Cole

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George P. Cole

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-3-1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>3</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Housework
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) White water
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Chas. P. Hargrove

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy F. Juden

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

14. INFORMANT Lola B. Cole
(Address) Dexter Mo.

15. FILED 9/12 1927 F. Haber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept - 11 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1927, to Sept - 11, 1927 that I last saw her alive on Sept - 11 - 1927, and that death occurred, on the date stated above, at 10:29 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A 31 (duration) 9 yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) F. Haber, M. D.

, 19 (Address) Dexter Mo

*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 <u>Dexter Cemetery</u>	DATE OF BURIAL <u>Sept - 14 1927</u>
20. UNDERTAKER <u>C. O. Biggs</u>	ADDRESS <u>Dexter Mo</u>

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state cause of death as accurately as possible.

