

AUG 27 1928

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

Do not use this space.

4

1. PLACE OF DEATH .  
 County Masson Registration District No. 547  
 Township Masson Primary Registration District No. 3029  
 City Hannibal (No. Masonic Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Henry Cole  
 (a) Residence. No. Masonic Home St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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.

File No. 24432  
 Registered No. 200

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE Negro  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1928  
 17. I HEREBY CERTIFY, That I attended deceased from 2 a.m.  
Jan 1 28 to July 21 28  
 that I last saw him alive on July 21 28, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

92H  
Acute Insufficiency  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) 90W  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) W. M. M. M. M. M. D.  
 (Address) 1217 Okm St  
 \*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.

9. BIRTHPLACE (CITY OR TOWN) Lexington  
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Henry Cole

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER No Record

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

14. INFORMANT C. Franklin  
 (Address) Masonic Home

15. FILED 7/30 1928 C. E. Steele  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Robinson Cemetery DATE OF BURIAL July 24 1928  
 20. UNDERTAKER Geo. E. Roberts ADDRESS Hannibal Mo.

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.

