WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

40545

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1 [illegible] 2 — Registered No. [illegible]

City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Norvel Andrew Cole

(a) Residence. No. Hadsell, Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Johanna Cole

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov Unk 1859

7. AGE: Years 69 — Months 1 — Days Unk — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Martin Cole
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Lydia Farrow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Mrs Johanna Cole
(Address) 1416 Liberty

15. FILED 12/6, 1928 M. M. Crane Asst REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 5 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1928, to Dec 5, 1928, that I last saw him alive on Dec 5, 1928, and that death occurred, on the date stated above, at 3:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis, Acute
46E
130 (duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY): Carcinoma of Common Bile duct (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Hadsell Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 16 1928

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Autopsy

(Signed) Roy A. Stevens, M. D

12/6, 1928 (Address) 910 Reactor 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: Hadsell Mo — DATE OF BURIAL: 12/7/28 19

20. UNDERTAKER: Quirk & Tobin Co--20 W Linwood — ADDRESS