

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

Do not use this space.

17005

PLACE OF DEATH

County Sullivan Registration District No. 849
 Township Keary Primary Registration District No. 45-15
 City Green City (No.) St. (Ward)

2. FULL NAME George W. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Farmer
 (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) Wisconsin

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Ora Lucas (Address) Green City Mo

15. April 25, 1929 Wm. H. Katsch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1929

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1929, to April 20, 1929, that I last saw him alive on April 20, 1929, and that death occurred, on the date stated above, at 1-a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
82A
 (duration) yrs. mos. 1 ds.
 CONTRIBUTORY (SECONDARY) 74A
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. M. Riggins, M. D. (Address) Green City 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 Green City Cem. DATE OF BURIAL 4/23 1929

20. UNDERTAKER Glenn E. Keut ADDRESS Green City Mo

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.

MARGIN RESERVED FOR BINDING

105
MAY 9 1929

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31

