

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

Do not use this space.

18570

1. PLACE OF DEATH

County Jefferson

Registration District No. 421

Township Jefferson

Primary Registration District No. 5575

City Jefferson (No.)

File No.

Registered No. 66

St. Ward

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)

Ward.

(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?

...

...

...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

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

May 23-1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

72

1

19

8. OCCUPATION OF DECEASED

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

House work

(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)

Jefferson Co.

10. NAME OF FATHER

Jacob Cole

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Jefferson Co.

12. MAIDEN NAME OF MOTHER

Paula Rowe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14

INFORMANT

(Address)

Mrs. L. A. Hampton
Festus, Mo.

15

FILED

5/14/29

J. A. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

5-12-1929

17.

I HEREBY CERTIFY, That I attended deceased from

19...., to 19...., and that death occurred, on the date stated above, at 6:45

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inevitable Accident
Fractured skull - Run over
by auto. on country road
216th

CONTRIBUTORY (SECONDARY)

1880

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. H. Zilliack
Festus, 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

DATE OF BURIAL

Samuel Cemetery 5-15-1929

20. UNDERTAKER

ADDRESS

Frank and Co. Festus, Mo.

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.

262

31

