

AR 98 1930

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

Do not use this space.

5541

1. PLACE OF DEATH

County St. Fayette
Township 0 Day
City (No. _____) _____

Registration District No. 466
Primary Registration District No. 5622C

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME Thomas 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 8 15

8. OCCUPATION OF DECEASED Farmer
(a) Trade, profession, or particular kind of 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) St. Fayette Co Mo

10. NAME OF FATHER James Cole

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

12. MAIDEN NAME OF MOTHER Elizabeth Todd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bristol, England

14. INFORMANT (Address) Joseph G. Breushaw Lexington Mo

15. Feb 19 1930 Edmann REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 61 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Dilatation
75 B
95 B (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Acute Alcoholism
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? U.S.
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Edmund Lisack M. D.
2/19/30 (Address) Concordia, Mo.

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Crowner, Topeka Co.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Lexington Mo Feb 26 1930

20. UNDERTAKER ADDRESS
Ernest Hegert Lexington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified: Exact statement of OCCUPATION is very important.

