

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

Do not use this space.

12493

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Independence Primary Registration District No. 3019
City Independence (No.) St. Ward)

File No.
Registered No. 128
St. Ward)

2. FULL NAME

Ruby Belle Cole
(a) Residence. No. 2026 E. Kansas Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 4

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

9. BIRTHPLACE (CITY OR TOWN) Fort Scott
(STATE OR COUNTRY) Kans.

10. NAME OF FATHER Joseph Crystal

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

12. MAIDEN NAME OF MOTHER Burchell Dent

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) William Springs Mo

14. INFORMANT Geo Cole
(Address) Independence Mo

15. FILED 4-22-30 F. L. Cook REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 21 1930

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1930 to April 21, 1930 that I last saw her alive on April 21, 1930, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Subacute Endocarditis (Accelerative) due to (Growth of teeth + mouth)

117 (duration) yrs. mos. ds.
27A CONTRIBUTORY Rheumatism (chron)
(SECONDARY) 15B (duration) 2 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Cerebral
(Signed) F. L. Cook M. D.

Apr 22 1930 (Address) Independence 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 Woodlawn Cem. DATE OF BURIAL Apr. 22 1930

20. UNDERTAKER H. L. Bower Co ADDRESS Indy. Mo

WRITE PLAINLY. 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.

APR 26 1930

