JUN 26 1930

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

Do not use this space.

16880

1. PLACE OF DEATH

County: Nodaway
Township: Nodaway
City: (No. 5820 St. Ward)

Registration District No.: 618
Primary Registration District No.: ~~4369~~
File No.:
Registered No.:

2. FULL NAME: Francis M. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep 20-1833

7. AGE: Years 74 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: 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): Ohio

PARENTS

10. NAME OF FATHER: Chadwick Cole
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not Known
12. MAIDEN NAME OF MOTHER: Frankum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not Known

14. INFORMANT: Maggie Cole
(Address): Burlington Junct. Mo

15. FILED: 5/1 1930 E. E. Cossil
6-12-30 C. D. Fryer M.E.C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1929 to May 19 1930 that I last saw h. alive on May 18 1930 and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
1 3/12
93 C
(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY): Chronic nephritis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. M. Hendricks, M.D.
5-20, 1930 (Address) Burlington Jct. 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: Ohio Cemetery
DATE OF BURIAL: 5/21 1930

20. UNDERTAKER: Price Fun. Home
ADDRESS: Maryville 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.