F R Morley

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

Do not use this space.
18881

File No.
Registered No. 163

1. PLACE OF DEATH
County Pettis — Registration District No. 668
Township — Primary Registration District No. 3032
City Sedalia (No. 525, West Saline St., Ward)

2. FULL NAME John L. Cole
(a) Residence (Usual place of abode) No. 525 West Saline St., 2 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Betty Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 20 1853

7. AGE: Years 77 — Months 11 — Days 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R Road
10. Date deceased last worked at this occupation (month and year): 1/24
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lonsdale Ky

FATHER
13. NAME: D Cole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: (?) Hanley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): Mrs Betty Cole Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia DATE 5/25 1931

19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia Mo

20. FILED 5-25 1931 J. F. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 22 1931
I last saw him alive on May 21 1931. Death is said to have occurred on the date stated above, at 3.15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	May 19
Other contributory causes of importance:	

10 AM 1000

Name of operation: Clinical Findings — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frank R Morley, M. D.
(Address) Sedalia Mo