

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

Do not use this space.

20591

1. PLACE OF DEATH

County Buchanan
Township St. Joe Mo.
City St. Joe Mo. (No. Mo. Med. Hospital)

Registration District No. 85
Primary Registration District No. 2001

File No. _____
Registered No. 603
St. _____ Ward _____

2. FULL NAME

Loren Cole
(a) Residence, No. Ravenwood 112 St. Leavenworth Kansas
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown about 1910</u>		
7. AGE <u>about 21</u>	YEARS <u>unknown</u>	MONTHS <u>unknown</u>
	DAYS	IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Filling Station</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>attendant</u> (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-5-31 1931, to 6-7- 1931, that I last saw him alive on 6-7- 1931, and that death occurred, on the date stated above, at 7-P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of skull axis with pressure on spinal cord, automobile accident at 84th Hwy - driver lost control - not clear
CONTRIBUTORY (SECONDARY) Cracked jaw
2:10 M (duration) yrs. mos. 2 ds.

9. BIRTHPLACE (CITY OR TOWN) McDonville
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Darence Cole

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

12. MAIDEN NAME OF MOTHER Minnie Charles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Okla

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 X-ray & Clinical
(Signed) Paul Johnson M. D.
, 19 (Address) St. Joseph, Mo.

14. INFORMANT Chas F. Chastier
(Address) Ray Colo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leavenworth Kansas DATE OF BURIAL June 8 1931

15. JUN 7 1931 John R Bender
REGISTRAR

20. UNDERTAKER J. C. Davis and Co ADDRESS Law 10

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.

JUL 22 1931

RECEIVED WITH OPAIDING INK—THIS IS A PERMANENT RECORD

