Dr v Colitis

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

Do not use this space.

1. PLACE OF DEATH
78 County Pemiscot
7 Township
2 City Steele (No. ..... St. ..... Ward)

Registration District No. 655
Primary Registration District No. 4392

File No. 20388 a
Registered No. .....

2. FULL NAME Tom Cole, Jr.

(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 1 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-16-1931

7. AGE: YEARS 1 | MONTHS 1 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steele mo

FATHER
13. NAME: Tom Cole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lake Village ark

MOTHER
15. MAIDEN NAME: Virginia Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lake Village ark

17. INFORMANT (ADDRESS): Tom Cole Steele mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Holly grove DATE: 6-3, 1932

19. UNDERTAKER (ADDRESS): —

20. FILED 7/1, 1932 Max L. Kelley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Ileo-Colitis — Date of onset 5/25/32

1198 119

Other contributory causes of importance: ✓ (5)

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy?

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?
If so, specify
(Signed) James P. Vickery Jr. M.D.
(Address) Steele 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.

20388-a