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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No. 31473

Township: — Primary Registration District No. 1001 — Registered No. 973

City: St.Joseph, (No. 1904 No.3rd.St. St. Ward)

2. FULL NAME: Martha Cole

(a) Residence, No. 1904 No.3rd.St. St., Ward. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Jesse Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr.29,1847

7. AGE: YEARS 85 — MONTHS 3 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

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): Atchison Co. Mo. 1

FATHER

13. NAME: Sampson Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbus, Ohio. 2

MOTHER

15. MAIDEN NAME: Nancy Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Doniphan Co. Kansas

17. INFORMANT (ADDRESS): Mrs.W.R.Cole 1904 No.3rd.Sr.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Savannah Cemetery DATE Oct.8,1932 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 10-8-32 19 John H. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct,6,1932 19

22. I HEREBY CERTIFY, That I attended deceased from 12-6- 1931, to 8-24- 1932

I last saw her alive on 8-24- 1932 Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
93C	
97	
93 C	
Myocarditis Chr	1

Other contributory causes of importance:

Name of operation: 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) C. S. Branson, M. D.

(Address) Kirkpatrick Bldg. St.Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

NOV 21 1932

V. S. No. 2