

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 25 1932

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

Do not use this space.

33039

1. PLACE OF DEATH
 County Newton Registration District No. 614
 73 Township Granby Primary Registration District No. 4553-
 2 City Granby (No. _____) St. _____ Ward _____
 6 2. FULL NAME Thomas Franklin 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anne Wood
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 19, 1876
 7. AGE YEARS 56 MONTHS 0 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Miner 11. Total time (years) spent in this occupation _____
 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) _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo.
 FATHER 13. NAME Lafayette Cole
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newm?
 MOTHER 15. MAIDEN NAME Martha Reynolds
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Mr J. F. Cole
 (ADDRESS) Granby Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Granby mo DATE Nov 4 1932
 19. UNDERTAKER Nettman
 (ADDRESS) Granby mo
 20. FILED 10-57 1932 J. M. F. Polens
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1932, to Oct 5, 1932
 I last saw him alive on Oct 5, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
82A 82A
 Other contributory causes of importance:
 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) J. M. F. Polens, M. D.
 (Address) Granby MO

