

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

Do not use this space.

34595

1. PLACE OF DEATH

113 County North
Township Green
City Petersburg (No. _____)

Registration District No. 1057

Primary Registration District No. 6214

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1860

7. AGE YEARS 72 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Oct. 1932 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskegon Co., Iowa

13. NAME Smith Mash

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Sarah Powers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Frank Black

18. BURIAL, CREMATION, OR REMOVAL PLACE Graveside Cem. DATE Nov 1 1932

19. UNDERTAKER John C. Dumble

20. FILED Nov 10 1932 W. H. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1932 to Oct. 29 1932

I last saw him alive on Oct. 29 1932 Death is said to have occurred on the date stated above, at 11:00 PM

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

Cerebral Hemorrhage Date of onset Oct. 29-30

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1932

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) W. H. Black M. D.

(Address) Graveston Mo.

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