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

Do not use this space.

39261

File No. .....

Registered No. 882

1. PLACE OF DEATH
39 County Greene
3 Township .....
5 City Springfield (No. 1505 N. Missouri St. .....Ward)

Registration District No. 318
Primary Registration District No. 17001

2. FULL NAME Frances Virginia Loraine ~~Cole~~ Kohl

(a) Residence, No. 1505 N. Missouri 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.

JAN 23 1933

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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1917

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
15	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In school
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) Mo.

FATHER
13. NAME James A. ~~Cole~~ Kohl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Leila McKee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT James A. ~~Cole~~ Kohl
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn Cemetery DATE Dec 17 1932

19. UNDERTAKER J. W. Klingner & Co.
(ADDRESS) Springfield, Mo.

20. FILED 12-16 1932 Ralph W. Faughton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1932, to Dec 15, 1932

I last saw her alive on Dec 5th, 1932. Death is said to have occurred on the date stated above, at 6 40 m.

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

	Date of onset
132 Acute Pyelitis from Nephrotic	11/12
133 No other disease nor other cause of death known	

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) [illegible], M. D.
(Address) Springfield Mo.