

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.

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

Do not use this space.

1. PLACE OF BIRTH

53 County Rockledge
Township Hooker
City (No. _____) _____

Registration District No. 1042
Primary Registration District No. 5614

File No. 8290
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Child of Walter J. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6-1933

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

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) Rockledge Co. Mo.

13. NAME Walter J. Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Novella Bringleton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockledge Co. Mo.

17. INFORMANT W. J. Cole (ADDRESS) Libanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookhaven Cem. DATE Feb. 7 1933

19. UNDERTAKER Peabony Libanon Mo. (ADDRESS) _____

20. FILED 3-11-1933 J. H. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1933, to Feb. 6 1933
I last saw him alive on Feb. 6 1933. Death is said to have occurred on the date stated above, at 5:15 a.m.

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

It was Blue Bane
1570 1570
Date of onset _____

Other contributory causes of importance: Hemorrhage of Mother

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 _____
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. H. Smith, M. D.
(Address) St. Louis, Mo.

