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.

9601

1. PLACE OF DEATH
County Jackson — Registration District No. 389
Township Kaw — Primary Registration District No. 1008
City Kansas City (No. Research Hospital St. Ward)

File No. 1203
Registered No.

2. FULL NAME Mrs Aldia I. Cole
(a) Residence, No. 3345 Agnes 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Franklin Cole
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 15 - 1863
7. AGE: YEARS 69 — MONTHS 4' — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: mother
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): Corydon Ind.

FATHER
13. NAME: Unk Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Evelyn Moore, St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Mar 14, 1933
19. UNDERTAKER (ADDRESS): Eylar Funeral Home, 1800 Linwood
20. FILED Mch 12, 1933 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932, to Mar 11, 1933
I last saw her alive on Mar 11, 1933. Death is said to have occurred on the date stated above, at 11:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3 mos or more
A6B 118C 46B	
Other contributory causes of importance:	
Severe Gastric Haemorrhages	3 weeks

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy 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? .....
If so, specify .....
(Signed) Lucas S. Milne, M. D.
(Address) 1132 Professional Bldg

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