

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.

29313

1. PLACE OF DEATH

County *Henry*Township *Camp*City *St. Louis*

(No. _____)

Registration District No. *310*Primary Registration District No. *34299*

File No. _____

Registered No. *95*

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

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

WIFE OF

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

Aug. 21-1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

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

Housewife at home

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)

St. Louis, MO

13. NAME

Perry Cole

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, MO

15. MAIDEN NAME

Monica Jane Harlan

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, MO

17. INFORMANT

(ADDRESS)

Perry Cole

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Hall Cemetery*DATE *9/27*

19. UNDERTAKER

(ADDRESS)

St. Louis, MO

20. FILED

(ADDRESS)

St. Louis, MO

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

*Sept 25**1933*

22. I HEREBY CERTIFY, That I attended deceased from

*June 12**1933*

to

*Sept 25**1933*

I last saw him alive on

*Sept 25**1933*

Death is said

to have occurred on the date stated above, at

11:10 p.m.

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

Date of onset

*Chronic of the liver**174B*

Other contributory causes of importance:

174B

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)

T. E. Graham

, M. D.

(Address)

Albany, MO

Registrar.

Dr. T. E. Graham
Albany