

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. 16568
Registered No. 176
St. _____ Ward _____

2. FULL NAME

Edgar Jean Cole

Santerville

(a) Residence, No. 427 Squash Hedges Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Hallie Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1965

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>6</u>	<u>-</u>	

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

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) Plattsmouth, Mo.

13. NAME John W. Cole

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

15. MAIDEN NAME Gynthia Ann Shaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville, Ohio

17. INFORMANT (ADDRESS) Thos. S. Cole, 417 E. Kansas St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE May 17, 1934

19. UNDERTAKER (ADDRESS) W. + Mitchell, Independence, Mo.

20. FILED May 17, 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

5 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15/34, 19__

22. I HEREBY CERTIFY, That I attended deceased from 8-20-1932, 19__, to 5-15-34, 19__

I last saw him alive on 5-15-34, 19__ Death is said to have occurred on the date stated above, at 7:20 P. m.

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

1. Hypertension - Atherosclerosis
2. Myocardial Degeneration
90°C
99
137

Other contributory causes of importance:
3. Prostatic Hypertrophy & urinary retention

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____ (Signed) R. J. Gard M.D., M. D.
(Address) Independence Mo

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.

JUN 22 1934

