

FEB 25 1935

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

Do not use this space.

1679 ✓

1. PLACE OF DEATH

County JacksonRegistration District No. 400Township PrairiePrimary Registration District No. 5553BCity Theodore (No. _____)

File No. _____

Registered No. 33

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jackson County Home 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edith Cole</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-22-1874</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>1</u>
	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 _____	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>George P. Cole</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wellington Missouri</u>
	15. MAIDEN NAME <u>Jane H. Brown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Archa, Scotland</u>
	17. INFORMANT (ADDRESS) <u>Ernest Jackson 776 County Home</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Mount Olive</u> DATE <u>1-29</u> <u>35</u>
	19. UNDERTAKER (ADDRESS) <u>Geo. B. Barran 161 9th Pleasant St. Colos. Mo.</u>
20. FILED	<u>Jan 31 1935</u> <u>William J. Fields</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-26, 193522. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 26, 1935I last saw him alive on Jan 25, 1935 Death is saidto have occurred on the date stated above, at 2 a.m.

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

cardiac asthma

Date of onset _____

Other contributory causes of importance:
95

Name of operation _____ 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) J. W. Greene, 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.

