

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.

AUG 9 1935

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

Do not use this space.

1. PLACE OF DEATH St. Mary's Infirmary 791
County..... Registration District No.....
Township..... Primary Registration District No. 11003
City St. Louis, Mo. (No. 1636, Papin St. Ward)

24832
File No.
Registered No. 6265
St. Ward)

2. FULL NAME Nancy Cole
(a) Residence, No. 1115 N. 17th St. St. 25 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</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>Joseph Cole</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 25, 1901</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>34</u>	<u>5</u>	<u>21</u>	
OCCUPATIONS:	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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	

12. BIRTHPLACE (CITY OR TOWN)..... Tennessee
(STATE OR COUNTRY)

13. NAME Will Hayes

14. BIRTHPLACE (CITY OR TOWN)..... Tennessee
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Sharp

16. BIRTHPLACE (CITY OR TOWN)..... Tennessee
(STATE OR COUNTRY)

17. INFORMANT Joseph Cole
(ADDRESS) 1115 N. 17th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 7-23-35
19

19. UNDERTAKER J. J. Conner
(ADDRESS) 127 1/2 E. Chandon

20. FILED 23 1935 19 J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1935, to July 16, 1935

I last saw her alive on July 16, 1935 Death is said

to have occurred on the date stated above, at 10:55 A.M.

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

Arteritis
Aortic Insufficiency
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation NONE Date of

What test confirmed diagnosis?..... 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) James E. Jackson M. D.

(Address) 1535 - Papin St.

