

JAN 23 1936

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

Do not use this space.

36342

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
Registered No. 5591

2. FULL NAME

(a) Residence No. 3434 Cypress Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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>Lizzie Cole</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 25, 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>
		DAYS <u>5</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>School Board</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) (STATE OR COUNTRY) <u>Ny. York</u>		
FATHER	13. NAME <u>John Cole</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Wife</u> (ADDRESS) <u>3434 Cypress</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Washington Cem 12-2-35</u>		
19. UNDERTAKER <u>Melody McGilley</u> (ADDRESS) <u>A.C. Co.</u>		
20. FILED <u>12/23/35 M. M. Coroner</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30 1935

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____
I first saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Hemorrhage (Rt. side) Date of onset _____
Fractures of the ribs on right side
5th 6th 7th 8th 9th 10th ribs
Other contributory causes of importance:
Perforation of rt. side of diaphragm by 10th rib
Fracture of right tibia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, _____ Date of injury 11/27, 1935
Where did injury occur? City, Cor. Sumner & 1st
(Specify city or town, county, and State)
Specify whether the injury occurred in industry, in home, or in public place.
Public Place (street)
Manner of injury Struck by automobile
Nature of injury Fracture ribs with perforated viscera

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) W. J. Johnson Dep. Cor. M. D.
(Address) St. Joseph Hosp

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

