APR 16 1936

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

Do not use this space.

97787

File No.
Registered No.

1. PLACE OF DEATH

County: Clay — Registration District No.: 198

Township: ~~Fishing River~~ (Veterans Administration Facility) — Primary Registration District No.: 3011

City: Excelsior Springs (No.) Missouri, St. 3d Ward)

2. FULL NAME COLES, Mims

(a) Residence, No. Vets. Adm. Facility, Excelsior Springs, Mo. (Usual place of abode) — 1622 Kansas Ave. Kansas City, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~) Helen Coles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November ?? 1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
39	?	?	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, La.

FATHER

13. NAME Mims Coles

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

MOTHER

15. MAIDEN NAME Marie (maiden name unknown)

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery, Ft. Leavenworth, Kansas DATE 3-10- 1936

19. UNDERTAKER (ADDRESS) John C. Prather, Excelsior Springs, Mo.

20. FILED 3-6- 1936 Mrs. Rea McCrosson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1936, 19, to March 6, 1936, 19. I last saw him alive on March 6, 1936, 19. Death is said to have occurred on the date stated above, at 11:00 AM

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

	Date of onset
Psychosis, type undetermined	?

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis Exam & Obs 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? —

If so, specify —

(Signed) H. C. HARDGREE, M.D., M. D.

(Address) Clinical Director Veterans Administration Facility Excelsior Springs, Missouri.