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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 15 1936

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

Do not use this space. 25540

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township Washington — Primary Registration District No. 1001 — Registered No. 898

City St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Ada May Cole

(a) Residence, No. Gower Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Longdon S Cole (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 1867

7. AGE: Years 69 — Months 8 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Fred Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

MOTHER

15. MAIDEN NAME Hannah Bryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

17. INFORMANT (ADDRESS) Hosp Records - State #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lathrop, Mo DATE July 8 1936

19. UNDERTAKER (ADDRESS) H. A. Sullins Gower Mo

20. FILED July 6 1936 H. J. Nestlebush Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to July 6, 1936
I last saw her alive on July 6, 1936. Death is said to have occurred on the date stated above, at 11 25/p m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 6-4-36

107a

Other contributory causes of importance: Senile Psychosis

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) E. E. DeLong, M. D.
(Address) State Hosp #2