

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.

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

Do not use this space.

AUG 21 1936

27059

1. PLACE OF DEATH

County Jasper
Township Sarcox
City (No.)

Registration District No. 416
Primary Registration District No. 557115

File No.
Registered No.
St. Ward

2. FULL NAME

George Edward Cole
(a) Residence, No. Sarcox, Mo Osceola 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>Clara Osborn Cole</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16, 1857</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>1</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day,hrs. ormin.
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) <u>1935</u>		11. Total time (years) spent in this occupation <u>Life</u>

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

13. NAME Preston Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown West Virginia

15. MAIDEN NAME Mary Jane Fay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Point Pleasant W. Virginia

17. INFORMANT (ADDRESS)
Blancher Cole Sarcox, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sarcox Cemetery DATE July 27, 1936

19. UNDERTAKER (ADDRESS)
Blair C. Cole Sarcox, Missouri

20. FILED July 26, 1936 Henry Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1936

22. I HEREBY CERTIFY That I attended deceased from June 1, 1936 to July 25, 1936
I last saw him alive on July 25, 1936 Death is said to have occurred on the date stated above, at 9:10 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of bladder
Date of onset ?

Other contributory causes of importance: 5

Name of operation Proctotomy Date of June 26
What test confirmed diagnosis? Tob 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) Henry Simmons, M. D.
(Address) Sarcox, Mo.

