9

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

AUG 18 1936

Do not use this space.

28894

File No.
Registered No. 7662

1. PLACE OF DEATH

County
Township
City (No. St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME JAMES COLE

(a) Residence, No. 2678 LUCAS St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~ (write the word)
MALE	COLORED	MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ HATTIE COLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 5 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	72	4	13	

OCCUPATION

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

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

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) PHILIPS COUNTY ARK.

FATHER

13. NAME JAMES COLE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SO. CARLONIA

MOTHER

15. MAIDEN NAME LURENIA GIST

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SO. CO.

17. INFORMANT PINCKEY ROBINSON
(ADDRESS) 2678 LUCAS AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE FATHER DICKSON DATE 7-21 1936

19. UNDERTAKER MULLENY DAILES
(ADDRESS) 2034 THOMAS

20. FILED JUL 20 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9:00 a.m.

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

	Date of onset
Cerebral Hemorrhage	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation 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?
If so, specify

(Signed) Garvin Gilmore, M. D.
(Address) Alpha