

DEC 18 1936

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

Do not use this space.

40275

1. PLACE OF DEATH

County Andrain Registration District No. 26
Township Salt River Primary Registration District No. 3002
City Mexico Mo. (No. _____) St. _____ Ward _____

File No. _____

Registered No. 182

2. FULL NAME

Baby Eunice Cole
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. I 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) II-20-36 II pm

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 1/2

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

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) Bluffton Mo.
(STATE OR COUNTRY) Montgomery County

13. NAME Frank B Cole

14. BIRTHPLACE (CITY OR TOWN) Montgomery County
(STATE OR COUNTRY)

15. MAIDEN NAME Ann Bell Travers

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

17. INFORMANT Mrs. Bell Boone
(ADDRESS) Bluffton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bluffton Mo. DATE II/23/1936

19. UNDERTAKER Bart Baker
(ADDRESS) Americus Mo.

20. FILED 11-22-36 Blanche Keely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1936, to Nov 22, 1936

I last saw her alive on Nov 21, 1936 Death is said

to have occurred on the date stated above, at 4:45 P.M.

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

Congenital defect of abdominal wall with eversion of intestinal tract

Date of onset

Other contributory causes of importance

Name of operation none Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. B. Shear M. D.

(Address) Mexico, Mo.

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.

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