

FEB 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County AMHERST ST. FRANCOIS  
Township ST. FRANCOIS  
City FARMINGTON MO (No. 9)

Registration District No. 773  
Primary Registration District No. 6018A

File No. 2846  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME VIRGINIA RICHESON COLE

(a) Residence, No. FARMINGTON MO. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. 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 AMERICAN 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. - 15 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 3 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE 25

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) AMHERST VA (STATE OR COUNTRY) VA13. NAME SHAMUEL RICHESON14. BIRTHPLACE (CITY OR TOWN) 2 VA (STATE OR COUNTRY)15. MAIDEN NAME LEANNA MILNER16. BIRTHPLACE (CITY OR TOWN) AMHERST Co Virginia (STATE OR COUNTRY)17. INFORMANT LEANNA BUTTERFIELD (ADDRESS) FARMINGTON MO18. BURIAL, CREMATION, OR REMOVAL PLACE FARMINGTON MO DATE Jan 18 193719. UNDERTAKER Farmington Va (ADDRESS)20. FILED Jan 18 1937 V. J. Robinson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1937

22. I HEREBY CERTIFY, that I attended deceased from Dec. 1, 1935, to Jan 16, 1937. I last saw him/her alive on Jan 16, 1937. Death is said to have occurred on the date stated above, at 4 P. M.

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

Date of onset 1934Other contributory causes of importance 53

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chin for 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) Geo. L. Leplewski, M. D.  
(Address) Farmington Mo.

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.

