

MAR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Texas ✓ Registration District No. 1043
Township Orank Primary Registration District No. Q141
City Yorkton (No. _____) St. _____ Ward _____

File No. 13919Registered No. 2

2. FULL NAME

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

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M - 4. COLOR OR RACE W - 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-19-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 3 12

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

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) 1 mo 11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon Ind

13. NAME Wm. F. Cole

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

15. MAIDEN NAME Margaret J. Mallett

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

17. INFORMANT Leonard Cole

18. BURIAL, CREMATION, OR REMOVAL PLACE Phillipsburg Mo DATE Mar 5-1937

19. UNDERTAKER G. W. E. Elbert (Address) Houston

20. FILED Mar 3 1937 Mrs. S. M. Willhite Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 2, 1937

I last saw him alive on Mar 2, 1937. Death is said to have occurred on the date stated above, at 5:20 P m.

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

Atrophic Arteriosclerosis
Passive Congestion of Kidneys
Hemorrhage from Esophagus
Other contributory causes of importance:
Massive Edema and atelectasis
Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. M. Dillman, M. D.

(Address) Houston, 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.

