

JUL 31 1937

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

Do not use this space.

24761

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near City Farmington, Mo.

(No. _____)

St. _____

Ward _____

2. FULL NAME

Sterling P. Cole

(a) Residence, No. Valles, Mines, 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

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Adeline Matthews

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

Nov. 15, 1862

7. AGE

YEARS

74

MONTHS

6

DAY

20

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

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

Farmer

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)

Valles Mines

(STATE OR COUNTRY)

Missouri

MOTHER FATHER

13. NAME John C. Cole

14. BIRTHPLACE (CITY OR TOWN)

Kentucky

15. MAIDEN NAME

Sarah A. Walker

16. BIRTHPLACE (CITY OR TOWN)

Missouri

17. INFORMANT

Hospital Records

(ADDRESS)

Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olive

DATE June 8

(Near) Valles Mines, Mo.

19. UNDERTAKER

Neiderst Undertaking Co.

(ADDRESS)

Farmington, Missouri

20. FILED

6/5

1937

B. J. Robinson

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from

May 2, 1937, to June 5, 1937

I last saw him alive on June 5, 1937. Death is said

to have occurred on the date stated above, at 11:53 P.M.

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

Cerebral arteriosclerosis

Date of onset

Other contributory causes of importance:

Smility

Name of operation

Date of _____

What test confirmed diagnosis?

Was there an autopsy? Yes

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) Paul J. Schradler, 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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

