

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.

Dr. Smith

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township.....
City Carthage

Registration District No. 408
Primary Registration District No. 3020
(No. 410 S. Fulton)

File No. 37898

Registered No.....
St..... Ward.....

2. FULL NAME

Richard Floyd Cole

(s) Residence, No. 410 S. Fulton St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 0 0

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

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) Carthage (STATE OR COUNTRY) Missouri

13. NAME Floyd Cole

14. BIRTHPLACE (CITY OR TOWN) Webb City (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mignon Coones

16. BIRTHPLACE (CITY OR TOWN) Caviness (STATE OR COUNTRY) Texas

17. INFORMANT Mr. Floyd Cole (ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Oct. 11, 1937

19. UNDERTAKER Ulmer Funeral Home (ADDRESS) Carthage, Missouri

20. FILED Oct 11, 1937 W. M. Howard M. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1937

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 1:50 pm

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

Still birth
Macerated fetus,
cause unknown

Date of onset

Other contributory causes of importance:

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) W. Russell Smith M. D.
(Address) Carthage, Mo.

