JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan Registration District No. 85 2/1 File No. 44726
Township Primary Registration District No. 1001 Registered No. 1330
City St Joseph (No. 2217 Jule St. Ward)

2. FULL NAME Harriet M Cole (Harriet)
(a) Residence, No. 2217 Jule 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

3. SEX F
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/14-1851
7. AGE YEARS 86 MONTHS 9 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Stephen Cole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Sarah Fairbanks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York St

17. INFORMANT (ADDRESS) Edna Cole 2217 Jule
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Mora DATE 12/6 1937
19. UNDERTAKER (ADDRESS) Stingley Funeral Home St Joseph, Mo
20. FILED 12/6 1937 H J Wetbush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4th 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937 to Dec 4, 1937
I last saw her alive on Dec 4, 1937 Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

Jaundice obstructive Jaundice Nov-24-37
Cholelithiasis Chr
Cholecystitis Chr

Date of onset

Other contributory causes of importance:
Enteroselec Gen
Nephritis Chr.

Name of operation Date of
What test confirmed diagnosis? Clinical 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) L H Fuson, M. D.
(Address) St. Joseph 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.