

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

Do not use this space.

27

2951

1. PLACE OF DEATH
 46 County Howell 46 Registration District No. 389
 Township South Fork Primary Registration District No. 55244
 City Ingersby (No. _____ St. _____ Ward _____)

2. FULL NAME George Washington Cole 400
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1899

7. AGE: YEARS 38 MONTHS 3 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morey Mo

13. NAME Marrie Cole

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

15. MAIDEN NAME Martha Matney

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

17. INFORMANT Walter Carr (ADDRESS) West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stuart Univ DATE Dec 29 37

19. UNDERTAKER (ADDRESS) Paul Robertson
West Plains Mo

20. FILED Dec 5 1938 H A Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937, to Dec 27, 1937
 I last saw him alive on Dec 23, 1937. Death is said to have occurred on the date stated above, at 11:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam 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) E. C. Rohrer, M. D.
 (Address) West Plains 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.

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FEB 24 1938

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MO. STATE BOARD OF HEALTH