

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

Do not use this space.

4350

**1. PLACE OF DEATH**

County Stoddard Registration District No. 831 877 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 6111 Registered No. \_\_\_\_\_  
 City Sikeston Rt 1 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles Allen Cole  
 (a) Residence, No. Sikeston St. Route 1 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. 5 months How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 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) Jan 17, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 hrs. or min. 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Sikeston Route 1

13. NAME Jed Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston, Mo.

15. MAIDEN NAME Anna Romine

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

17. INFORMANT (ADDRESS) Jed Cole Sikeston

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeur DATE Jan 20, 1938

19. UNDERTAKER (ADDRESS) H. G. W. Sikeston Mo.

20. FILED 4-11 1938 P. Brandon Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 18, 1938 to Jan 18, 1938. I last saw him alive on Jan 18, 1938. Death is said to have occurred on the date stated above at 3:00 p. m.

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

Premature and Congenital (Date of onset) 1-17-38

Other contributory causes of importance: Congenital Atelactasis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Meslin G. Anderson M. D.  
 (Address) 106 Center St. Sikeston Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

FEB 28 1938

RECEIVED

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

4350  
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 839  
(b) Township Richland Primary Registration District No. 6101 Registered No. 11.  
(c) City..... (d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Allen Cole

(a) Residence, No. Sikeston Route 1 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male  
4. COLOR OR RACE white  
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) Jan. 17 - 1938  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 2 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as 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) Sikeston (STATE OR COUNTRY) Route 1

13. NAME Red Cole

14. BIRTHPLACE (CITY OR TOWN) Sikeston (STATE OR COUNTRY) mo

15. MAIDEN NAME Anna Rose

16. BIRTHPLACE (CITY OR TOWN) Anna (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Red Cole Sikeston mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter DATE Jan 20 1938

19. FUNERAL DIRECTOR (ADDRESS) N. J. Welsh Sikeston mo

20. FILED 11-11 1938 J. O. Brennan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 17 to Jan 18, 1938  
I last saw him alive on Jan 18, 1938. Death is said to have occurred on the date stated above, at 3 A m.  
The principal cause of death and related causes of importance were as follows:

Preterature  
Other contributory causes of importance:  
congenital atelectasis

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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 Merlin G. Anderson, M. D.  
(Signed) Merlin G. Anderson  
(Address) 106 Central St Sikeston mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important.

S-4350