

REC'D MAR 25 1938

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

Do not use this space.

**1. PLACE OF DEATH**County VernonRegistration District No. 580File No. 8428

Township

Primary Registration District No. 45-30Registered No. 5City Walker

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME** Emma Almira Cole(a) Residence, No. \_\_\_\_\_ 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**Female**4. COLOR OR RACE**W.**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Widow**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**✓ Daniel Cole**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**June 13 1862**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

76022**OCCUPATION****8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**Homekeeper**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)**Missouri**MOTHER****13. NAME**Peter Woods**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Unknown**15. MAIDEN NAME**Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Unknown**17. INFORMANT**

(ADDRESS)

James Cole Nevada Mo.**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

Hawthorn B. Park

DATE

Feb. 7

1938

**19. UNDERTAKER**

(ADDRESS)

Allen V. Hays Nevada Mo.**20. FILED**Feb. 6 1938Ch. Jones

Registrar.

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb 4 1938**22. I HEREBY CERTIFY, That I attended deceased from** Feb 3 1938, to Feb 4 1938I last saw her alive on Feb 3 1938. Death is saidto have occurred on the date stated above, at 5-10 A.M.

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

InfluenzaDate of onset  
2/1  
1938

Other contributory causes of importance:

Advanced age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physical 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)

J. M. Grove

M. D.

(Address)

Nevada, 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.

