

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.

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

Do not use this space.

REC'D JUL 25 1938

**1. PLACE OF DEATH**

County Sullivan  
 Township  
 City Green City (No. \_\_\_\_\_)

Registration District No. 849  
 Primary Registration District No. 4515

File No. 23125  
 Registered No. 12 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Alma B. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 10 28

8. Trade, profession, or particular kind of work done, as sptner, sawyer, bookkeeper, etc. Housewife

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) May 15 38 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Levi Rottenberg 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER 15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Elizabeth Cole  
Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green City DATE 6-29 1938

19. UNDERTAKER (ADDRESS) Henry E. Bent  
Green City, Mo.

20. FILED July 8 1938 Virginia Libery Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-17 1938, to 6-26 1938

I last saw h. e. e. alive on 6-26 1938 Death is said to have occurred on the date stated above, at 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 6-26-38

Other contributory causes of importance:  
Choleliths and chronic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Medical Was there an autopsy? NA

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) H. E. Schuman M.D.

(Address) Green City, Mo.

