

REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28535
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township " Primary Registration District No. 2009
 (c) City " (d) Street No. So. E. Main Hospital Registered No. 249
 (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

Henry B. Cole
 (a) Residence, No. 1611 Broadway St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 —
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16-1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/24 1938
 22. I HEREBY CERTIFY, That I attended deceased from 8/17 1938 to 8/24 1938
 I last saw him alive on 8/24 1938 Death is said to have occurred on the date stated above, at 3:50 pm.
 The principal cause of death and related causes of importance were as follows:
Perforated gastric ulcer.
 Date of onset 11/16

Other contributory causes of importance:
Peritonitis
 Name of operation none Date of —
 What test confirmed diagnosis? — Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leopold, Mo
 FATHER 13. NAME Francis M. Cole
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Mo
 MOTHER 15. MAIDEN NAME Eliza J. Abigle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boffey Mo Tenn
 17. INFORMANT Mrs. O. W. Bank
 (ADDRESS) Cape Girardeau Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Luttrville Mo DATE Aug 26 1938
 19. FUNERAL DIRECTOR (NAME) Walthus Blvd. Co
 (ADDRESS) Cape Girardeau Mo
 20. FILED 8-24-38 Joseph Thompson Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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?
 If so, specify —
 (Signed) Joseph Thompson, M. D.
 (Address) Cape Girardeau 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____
_____, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.