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.

REC'D SEP 21 1938

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

30212

Do not use this space.

1. PLACE OF DEATH
(a) County Texas — Registration District No. 865
(b) Township Cass — Primary Registration District No. 6148 — Registered No. 99
(c) City Stultz — (d) Street No. ..... St.
(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. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara Gaylor Cole. 400
(a) Residence, No. Stultz Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lewis Cole
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 22d, 1902.
7. AGE: YEARS 36 — MONTHS 3 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as saw mill, bank, etc.: House Duties
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): Blue Earth Minn.

FATHER
13. NAME: John Sabin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norway

MOTHER
15. MAIDEN NAME: Mary Benason
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norway

17. INFORMANT (ADDRESS): Lewis Cole, Stultz Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE Stultz Mo DATE 5-20 1938
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED Aug 25 1938 R P Hubbard, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to May 18th '38, 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11-30 P.M. m.
The principal cause of death and related causes of importance were as follows:

Supposed Pulmonary Embolism — Date of onset

1936

Other contributory causes of importance: Broncho Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) W. F. Herron, M. D.
(Address) Houston Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Gaylord Elliott, Licensed Embalmer No. 2252

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Gaylord Elliott

Licensed Embalmer No.

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