DEC 13 1938

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

Do not use this space.

38653

File No.

Registered No. 1163

1. PLACE OF DEATH

County: Buchanan

Township:

City: St Joseph (No. Mo. Methodist Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME: Alfred Cole

(a) Residence, No. St., Ward. Denton, Kans. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Cc

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Mrs Frances Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19, 1857

7. AGE: Years 81 Months 2 Days 2 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): Nov. 1-38

11. Total time (years) spent in this occupation: 50

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

FATHER

13. NAME: Henry B. Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ogle Co Ohio

MOTHER

15. MAIDEN NAME: Althea Ann Lanford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ogle Co Ohio

17. INFORMANT (ADDRESS): Alfred B. Cole Jr. Denton, Kans.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Denton Ks. DATE: Nov 22, 1938

19. UNDERTAKER (ADDRESS): Bodwick-Johnson-Kirkside By Maurice Johnson Dorton Kans.

20. FILED: Nov 21, 1938 H. J. Heitbrink Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-21-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1938, to Nov 21, 1938

I last saw him alive on Nov 21, 1938. Death is said to have occurred on the date stated above, at 10 P m.

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

Carcinoma of prostate — Date of onset 1933

51

Other contributory causes of importance:

Name of operation: Suprapubic Prostatectomy Date of 11-1-38

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) C. Greenberg per Warren Fordham M.D., M. D.

(Address) St Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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Not Embalmed
Removed from State