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.

DEC 21 1938

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

Do not use this space.

File No. 39856
Registered No.

1. PLACE OF DEATH
County: Montgomery
Township: Danville
City: (No. 400, St., Ward)
Registration District No.: 9 b 8.
Primary Registration District No.: b 1 8 6 C

2. FULL NAME: Susan Jane 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 8, 1846

7. AGE: Years 92 | Months | Days 29 | 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.
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): Near Mineola, Mo.

FATHER
13. NAME: Allen Norman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Katherine Brookshire
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Big Springs, Mo.

17. INFORMANT (ADDRESS): Edward Cole, Mineola Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bryant Cemetery DATE: Nov. 8, 1938

19. UNDERTAKER (ADDRESS): Geo. A. Bader, Mineola Mo

20. FILED: Nov. 9, 1938 Mrs Elmer Gregory, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to Nov. 6, 1938
I last saw her alive on May 7, 1938. Death is said to have occurred on the date stated above, at 7 15 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-4-38
Generalized Arteriosclerosis	
and Chronic Myocarditis	

Other contributory causes of importance:
Senility

Name of operation: None Date of: —
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? 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: No
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. J. T. Andersen, M. D.
(Address) Montgomery City, Mo