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 14 1939

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

29232
Do not use this space.

1. PLACE OF DEATH
(a) County HARRISON 3 Registration District No. 334
(b) Township 1 Primary Registration District No. 4197 Registered No. 46
(c) City BETHANY (d) Street No. County Home, Bethany 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 400 MARY COLE
(a) Residence, No. Melbourne, 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF James Cole
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1868
7. AGE YEARS 71 MONTHS 2 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. Our Home
10. Date deceased last worked at this occupation (month and year) May 1938
11. Total time (years) spent in this occupation 71

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston County Missouri 0

FATHER
13. NAME Jesse Stevens 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee 1

MOTHER
15. MAIDEN NAME Josie Cravens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kansas

17. INFORMANT (ADDRESS) Mrs Nora Chumbley Chillicothe, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelburn Cemetery Trinity County DATE 8-2nd 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dennis Funeral Home Trenton, Mo.
20. FILED 8-2- 1939 A. L. Weisbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31st, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1939, to 7-31, 1939
I last saw her alive on 7-31, 1939. Death is said to have occurred on the date stated above, at 7:20 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocardia — Date of onset 1933

92C

Other contributory causes of importance:

Name of operation none 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? No
If so, specify
(Signed) W. F. Boyle, M. D.
(Address) Bethany Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 111
District File Number 939-1188
Date Filed SEP 11 1939

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 Robert B. Davis

Registered Apprentice No. 212, working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, Mo.

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

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