

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

Do not use this space.

2691

FILED FEB 10 1940

County Jasper Registration District No. 411 File No. _____
Township _____ Primary Registration District No. 2007 Registered No. _____
City Joplin (No. _____) Freeman Hospital St. _____ Ward _____

2. FULL NAME Mrs Grace Cole

(a) Residence. No. 2512 Vandalia St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Lezman Cole

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 8 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stella (STATE OR COUNTRY) Missouri

10. NAME OF FATHER R. S. Gary

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Ida Bliss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

14. INFORMANT H. Lyman Cole (Address) Joplin Mo. 37th

15. FILED 1-27-40 E. J. James REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-27 1940

17. I HEREBY CERTIFY, That I attended deceased from 1/11/40 1940 to 1-27- 1940 that I last saw h. & w. alive on 1-27- 1940, and that death occurred, on the date stated above, at 11:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

adenoma Carcinoma of Body of uterus

CONTRIBUTORY (SECONDARY) Pelvic Peritonitis follow- my operation (duration) 2 yrs. 7 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH unobscured

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1/11/40

WHAT TEST CONFIRMED DIAGNOSIS? Pathological tissue exam

(Signed) Ernest M. D.

, 19 (Address) 616 Third St. Joplin Mo.

*State the DISEASE CAUSING DEATH, or in deaths from violence (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Massadonia church cemetery near Stella, Mo DATE OF BURIAL 1-28 1940

20. UNDERTAKER Paque Med. Co. ADDRESS Wheaton, 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.

RECEIVED

District Health Officer No. 6,

District File Number 240-579

Date Filed FEB 15 1940

SEP - 2 1952