FILED JUL 12 1940

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

Do not use this space.

21905

File No.

Registered No. 6

1. PLACE OF DEATH

County Iron Registration District No. 1159

Township ~~Belleview~~ Iron Primary Registration District No. 5549

City (No. 2 St. Ward)

2. FULL NAME 400 Sarah Alice Cole

(a) Residence, No. Caledonia Mo. R.R. St., 0 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: Fem

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: Edward Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 30 1852

7. AGE: 87 YEARS | MONTHS: 7 | DAYS: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Potosi Mo. 0

FATHER

13. NAME: John Carlyon 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 0

MOTHER

15. MAIDEN NAME: Adline Silva

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Potosi Mo.

17. INFORMANT (ADDRESS): Fannie Bryan Potosi Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Caledonia Mo. DATE June 17 1940

19. UNDERTAKER (ADDRESS): Norman White & Sons Ironton Mo.

20. FILED July 7 1940 Mrs J A Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1940, to June 15, 1940

I last saw her alive on June 15, 1940 Death is said to have occurred on the date stated above, at 7.00P m.

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

terminal pneumonia, lobar

Date of onset

108

Other contributory causes of importance:

myocarditis, arteriosclerosis

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? 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) George Gay, M. D.

356 (Address) Ironton, 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.