

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.

FILED SEP 13 1940

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

Do not use this space.

27888

1. PLACE OF DEATH

County Bates Registration District No. 22 56
Township 3rd Primary Registration District No. 548
City Paris No. 548 St. Paris Ward

2. FULL NAME

(a) Residence, No. 200 Ward Paris
(Usual place of abode)

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.

File No. _____
Registered No. _____
St. _____ Ward _____

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Husband of J. C. Bush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5-1861

7. AGE YEARS 79 MONTHS 5 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
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) Madison, Missouri

FATHER 13. NAME Benjamin Phil Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Ohio

MOTHER 15. MAIDEN NAME Winters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Ohio

17. INFORMANT (ADDRESS) J. C. Bush, 200 No. 2 - Home No. -

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Cemetery, Paris, Mo. Aug 13, 1940

19. UNDERTAKER (ADDRESS) May Co. 202 Pleasanton Route

20. FILED Aug. 27 1940 Mrs. Nora Cobb Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1940

22. I HEREBY CERTIFY that I attended deceased from June 1st 1940 to Aug 11 1940
I last saw h. or alive on Aug 10 1940 Death is said to have occurred on the date stated above, at 725th
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 11-40

Other contributory causes of importance: Atherosclerosis 1940

Name of operation Obituary 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 Obituary M. D. _____
(Signed) _____
(Address) _____

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1298

Date Filed 9-10-40