

7 JAN 23 1929

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

Do not use this space.

1271

1. PLACE OF DEATH

County Hennip  
Township Bridget  
City Brownington Mo

Registration District No. 348  
Primary Registration District No. 4206

File No. \_\_\_\_\_  
Registered No. 274  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas Cole

(a) Residence. No. Brownington Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs Jane Cole

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5 - 1841

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day _____ or _____ min.
<u>87</u>	<u>2</u>	<u>6</u>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lancaster England  
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Cole

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Some where in Eng  
(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England  
(STATE OR COUNTRY) Some where in

14. INFORMANT Mrs Jas M. O'Neal  
(Address) Brownington Mo

15. FILED 1-12-29 C. D. Taylor, M.D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-11-1929

17. I HEREBY CERTIFY That I attended deceased from Jan 8, 1929, to Jan-11, 1929 that I last saw him... alive on Jan-11, 1929, and that death occurred, on the date stated above, at 9:37 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchial Asthma

11A  
112 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Influenza  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 11B  
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) C. D. Taylor M. D.  
1-12-29 (Address) Brownington Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maplewood Cemetery DATE OF BURIAL Jan 13 1929

20. UNDERTAKER Thomas Hurst, Deerpater, Mo.  
ADDRESS \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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