

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.

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

Do not use this space.

1 FEB 18 1935

109

1. PLACE OF DEATH

County Bates

Registration District No. 47

File No.

Township monm

Primary Registration District No. 5071

Registered No. 1

City

(No.)

St. Ward)

2. FULL NAME

James Newton Cole

(a) Residence, No. St. 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

male

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 Mr. Alice Cole

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

Jan 25, 1951

7. AGE

YEARS

83

MONTHS

11

DAYS

24

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.

farmer

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)

Illinois

FATHER

13. NAME William Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

MOTHER

15. MAIDEN NAME Mary Cross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

17. INFORMANT (ADDRESS)

Alice Cole
Butler R. F. D. #3 - Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Walt Hill

DATE January 20, 1935

19. UNDERTAKER (ADDRESS)

Culver's
Butler Mo.

20. FILED

2/11 1935 L. S. Deputy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1935

I HEREBY CERTIFY That I attended deceased from Jan 18 1935 to Jan 18 1935

I last saw him alive on Jan 18 1935 Death is said

to have occurred on the date stated above, at 7 P. m.

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

Date of onset

Nephritis

Other contributory causes of importance:

Name of operation

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

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?

If so, specify

(Signed) C. J. McCormell, M. D.

(Address) Adrian Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Bates

Registration District No. 47

Township Mound

Primary Registration District No. 5071

City James Newton Cole (No.)

File No.

Registered No. 1

St. Ward

2. FULL NAME

(a) Residence, No. St. Ward

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs. min.

83

11

24

OCCUPATION

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

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)

FATHER
MOTHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

3/11

19 35

Minnie R. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jun 18 19 35

22. I HEREBY CERTIFY That I attended deceased from

, 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Chronic nephritis

Date of onset

Other contributory causes of importance:

Name of operation

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?

If so, specify

(Signed)....., M. D.

(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

MAR 26 1935

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