

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

PLACE OF DEATH  
County Louis  
Township Clinton  
or  
Village  
or  
City Webster Grove

Registration District No. 788 File No. 20733  
Primary Registration District No. 447 Registered No. 38

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Ernest Courtney Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Nov 28, 1912</u> (Month) (Day) (Year)		
AGE <u>7</u> yrs. <u>7</u> mos. <u>3</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Wood</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Wood</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Mo. Cole</u>		
PARENTS	NAME OF FATHER <u>Mo</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Lora Huff</u>	
	MAIDEN NAME OF MOTHER <u>Mo.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29<sup>th</sup>, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 13, 1913, to June 28, 1913, that I last saw him alive on June 28, 1913, and that death occurred, on the date stated above, at 12-9 m.

The CAUSE OF DEATH\* was as follows:  
Pulmonary tuberculosis  
93A  
119B

Contributory (SECONDARY) Heart failure  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Lawrence R. Rector M. D.  
June 29, 1913 (Address) 1215 Auburn Place

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. 2 mos. 14 ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Oak Hill Cemetery DATE OF BURIAL June 30, 1913

UNDERTAKER Louis A Bopp ADDRESS Kirkwood, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Cole  
(ADDRESS) Webster Grove

Filed 6/29, 1913 W. M. Pelting REGISTRAR

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.

