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.

33308

1928

1. PLACE OF DEATH
County Henry
Township Deepwater
City Montrose (No. ... St. ... Ward)

Registration District No. 352
Primary Registration District No. 4209
File No.
Registered No. 17

2. FULL NAME Darwin J 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~~ Ella Cole
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29. 1860
7. AGE: YEARS 67 | MONTHS 9 | DAYS 18 | IF LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodland Wis.

PARENTS
10. NAME OF FATHER Nelson Cole
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.
12. MAIDEN NAME OF MOTHER Hannah Silkworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y

14. INFORMANT Nelson Cole
(Address) Montrose Mo
15. FILED 11/18 1927 J M Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 1[illegible], 1927, to Nov 14, 1927, that I last saw h[illegible] alive on Nov 14, 1927, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
120B gastrointestinal
87B complication
(duration) yrs. mos. ds.

114B

CONTRIBUTORY (SECONDARY) paralysis agitans
(duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. W. Berry, M. D
, 19 (Address) Montrose

*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 Montrose
DATE OF BURIAL Nov 19 1927
20. UNDERTAKER Welling Bros Hdw Co
ADDRESS Montrose