

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

Do not use this space.

43049

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, (No. 3900 Watson rd.)

File No.
Registered No. 12335
St. Ward)

2. FULL NAME

James F. Cole
(a) Residence. No. 4336 Arco av. St. 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1884-3-28

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>8</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Insurance
(c) Name of employer Reliable Sick-Accident

9. BIRTHPLACE (CITY OR TOWN)..... Missouri
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>James Cole</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Ella Fearney</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>

14. INFORMANT Nora Cole
(Address) 4336 Arco Av.

15. FILED DEC 18 1928 May C. Stankoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-16 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to December 16, 1928, that I last saw him alive on December 15, 1928 and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis Chronic
930 900 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Pin in Cardiac tissue - Myocarditis
(Signed) James B. DeLoach, M. D.

12/17/28 (Address) 4575a Chouteau av.

*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 <u>Lake Charles</u>	DATE OF BURIAL <u>12/19, 1928</u>
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20. UNDERTAKER* <u>Robert G. ...</u>	ADDRESS <u>429 ...</u>
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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.

