

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

Do not use this space.

19166

**1. PLACE OF DEATH**

9/6 County St. Louis Registration District No. 785  
Township Meramec Primary Registration District No. 6032  
City Allenton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 120

**2. FULL NAME** MARY JANE COLE

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

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Alferd Cole  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 0 17  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 23 1/2  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work  
10. Date deceased last worked at this occupation (month and year) Nov. 1930 11. Total time (years) spent in this occupation 66 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER 13. NAME Geo. R. Fingers

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

MOTHER 15. MAIDEN NAME Oam Hutsell

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

17. INFORMANT Alferd Cole (ADDRESS) Allenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL Pacific Cemetery DATE May 6 31

19. UNDERTAKER John A. Thiebes & Son (ADDRESS) Pacific Co.

20. FILED 5/5 1931 C. E. Barnett, M.D. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 1930 to May 3rd 1931

I last saw him alive on May 3 1931 Death is said to have occurred on the date stated above, at 12:15 A.M.

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

Nephritis, degeneration of heart - (renal dropsy)  
95%

Other contributory causes of importance:

Uremic

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Uremia Was there an autopsy? NO

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) J. O. Pike M. D.  
Evrika Mo (Address)

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.

MAY 29 1931

