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.

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

Do not use this space.

19728

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2441
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Henry Vernon Cole
(a) Residence, No. 444 Bellefountaine 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22-1895

7. AGE YEARS 38 MONTHS 2 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Henry Cole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Brewer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Goldie Cole 444 Bellefountaine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE 6/12 1933

19. UNDERTAKER (ADDRESS) F. O. Donnell 3236 Broadway

20. FILED 6/12 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 10, 1933
I last saw him alive on 6-10, 1933. Death is said to have occurred on the date stated above, at 9 am m.
The principal cause of death and related causes of importance were as follows:

Acute Pancreatic necrosis

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Date of onset

Other contributory causes of importance:
Gall stones

Name of operation Drainage of subphrenic abscess Date of 6/8/33
What test confirmed diagnosis? Was there an autopsy? yes

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 no
(Signed) R. Kloffey, M. D.
(Address) 1103 Grand