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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No. 11984
Township — Primary Registration District No. — Registered No. 462
City St. Joseph. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME William Cole
(a) Residence, No. 513 South 8th Street 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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September ? 1878
7. AGE: YEARS 56 — MONTHS Unknown — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coe Laborer
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): Trenton Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Forrest Cole 523 so. 8 street St Joseph Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Memorial Park Cemetery
PLACE St Joseph Mo. DATE April 19 1934
19. UNDERTAKER (ADDRESS): H. O. Sidenfaden St Joseph Mo.
20. FILED 4-18 1934 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1934
22. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains April 16, 1934, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:
Fractured Skull
Accident
210M 210
Date of onset
Other contributory causes of importance:
Struck by an automobile
Name of operation none Date of
What test confirmed diagnosis? Phy. Ex. Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/16, 19
Where did injury occur? St Joseph (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Struck by automobile
Nature of injury Fractured Skull
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Forrest Thomas Coroner, M.D.
(Address) 730 Faaron