SEP 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Andrew, Registration District No. 8 File No. 28177
Township Primary Registration District No. 4005 Registered No.
City Amazonia, (No. Amazonia, Mo. St. Ward)

2. FULL NAME Anna Esther Cole,
(a) Residence, No. Amazonia, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Brack Cole,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19, 1871.
7. AGE: YEARS 62, MONTHS 8, DAYS 17; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): August 1934,
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Logansport, Indiana,

FATHER
13. NAME: Alexander Gilpin,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grant County, Indiana,

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

17. INFORMANT (ADDRESS): Mrs. Irene Moore, Amazonia, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Amazonia, Mo. DATE Aug. 1934
19. UNDERTAKER (ADDRESS): Frank A. Bowman, Savannah, Mo.
20. FILED Aug 8 1934 J. W. Holcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 6th, 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1932, to Aug., 1934
I last saw her alive on Aug. 4th, 1934. Death is said to have occurred on the date stated above, at 2:30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Cirrosis	1932
and possibly Carcinoma of the Bile ducts	

Other contributory causes of importance:

46

Name of operation Date of
What test confirmed diagnosis? — 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? No
If so, specify
(Signed) S. S. Beer, M. D.
(Address)

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.