

DEC 18 1934

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

Do not use this space.

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1. PLACE OF DEATH  
 70 County Montgomery Registration District No. 9-5-8  
 Township Bankello Primary Registration District No. 1-186-E  
 City Minneapolis (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Edward Cole  
 (a) Residence, No. Mameda mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred all his life mos. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>20</u>	<u>10</u>	<u>?</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) all his life spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Minneapolis (STATE OR COUNTRY) mo

13. NAME Edward M. Cole

14. BIRTHPLACE (CITY OR TOWN) minneapolis (STATE OR COUNTRY) mo

15. MAIDEN NAME Mary Cathine Sullivan

16. BIRTHPLACE (CITY OR TOWN) Big Springs (STATE OR COUNTRY) mo

17. INFORMANT Edward M. Cole (ADDRESS) New Florence mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buyout cemetery DATE 11/19 1934

19. UNDERTAKER Barton Baker (ADDRESS) Americus mo

20. FILED Nov 22 1934 Mrs Elmer Gregory Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1934  
Aug. 15 1934 to \_\_\_\_\_ 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1934 to \_\_\_\_\_ 1934.  
 I last saw him alive on Sept. 6 1934. Death is said to have occurred on the date stated above, at unknown.  
 The principal cause of death and related causes of importance were as follows:  
Suicide 32 special rifle used through frontal (R) bone, dead apparently 2 months as only bullet was found  
 Date of onset 11/21/34

Other contributory causes of importance:  
Had been in prison Hospital

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Suicide Date of injury unknown  
 Where did injury occur? Near Mameda mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Along Boyles of Foster river  
 Manner of injury Self 32 rifle  
 Nature of injury shot through R frontal region

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) James O. Helms \_\_\_\_\_  
 (Address) New Florence mo  
(Coroner) Montgomery Co.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Montgomery  
Township \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 958  
Primary Registration District No. 5186C

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

**2. FULL NAME**

Wm Edward Cole

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

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE ue 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 1 (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 34

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1913

I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than day, \_\_\_\_\_ hrs or \_\_\_\_\_ min

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) \_\_\_\_\_ part in this occupation \_\_\_\_\_

Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 13. NAME \_\_\_\_\_

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED Nov 29 1934 Mrs Elmer Gregory Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

**SUPPLEMENTARY**

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COMMUNICATIONS SECTION

U.S. DEPARTMENT OF COMMERCE

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COMMUNICATIONS SECTION

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