

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

FEB 3 1936

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Mo. Primary Registration District No. 2001
City 568 W. Brower St. _____ Ward _____

File No. 39255
Registered No. 684a

2. FULL NAME

Stephen Henry Cole
(a) Residence, No. 568 W. Brower St. Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Nancy (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 | 4 | 12

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

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

13. NAME Mexico Cole

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

15. MAIDEN NAME Julia Chilcutt

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

17. INFORMANT Mrs. Harry A. Carter, Dan
(ADDRESS) Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Dec. 12 - 33

19. UNDERTAKER Oliver Johnson
(ADDRESS) Springfield, Mo

20. FILED 12-17-33 Robt. Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 - 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 1935, to _____, 1935.
I last saw him alive on 12-18, 1935. Death is said to have occurred on the date stated above, at 8:55a hr.

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

Arterio Sclerosis Date of onset ?

Other contributory causes of importance: Dementia

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 _____, 1935

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) J. B. Lemmon, M. D.

(Address) _____ SPRINGFIELD, MO

