MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH
28 County Crawford — Registration District No. 231 — File No. 16158
Township Meramec — Primary Registration District No. 5314 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Matilda Cathrine Cole

(a) Residence, No. ..... 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank E Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 17-1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	5	9	

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. Housewife
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) Olivy Ills

FATHER
13. NAME —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Frank E Cole Steelville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Steelville DATE 4/28- 1937

19. UNDERTAKER (ADDRESS) L J Jones Steelville Mo

20. FILED 5/9 1937 C R Gibbs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26- 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1936, to April 26 1937
I last saw her alive on April 25- 1937. Death is said to have occurred on the date stated above, at 5-50 a m.
The principal cause of death and related causes of importance were as follows:
Peptic ulcer of stomach — Date of onset
92a
Other contributory causes of importance:
Valvular disease of heart

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) R C Parker, M. D.
(Address) Steelville Mo