

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

Do not use this space.

MAR 15 1938

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. 1)

Registration District No. 104
Primary Registration District No. 3008

File No. 6261
Registered No. 42
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Hannibal Mo. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 18 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 - 61

7. AGE YEARS 77 MONTHS 11 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) OK. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

13. NAME David J Cole 1

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

15. MAIDEN NAME Mary E Wilson

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

17. INFORMANT (ADDRESS) Hosp Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Mt. Cem DATE Feb 10, 1938

19. UNDERTAKER (ADDRESS) W. D. Hansen
2 S. Main St.

20. FILED Feb 8, 1938 R. M. Smead Registrar. 106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1938, to Feb 7th, 1938.
I last saw him alive on Feb 7th, 1938. Death is said to have occurred on the date stated above, at 11:05 P. M.

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

Chronic myocarditis with M. degeneration Date of onset OK.

93 C

Other contributory causes of importance:
Leg. Arteriosclerosis Senility OK.

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) J. Hopkins, M. D.
Fulton Mo (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.

1 X 3314

