

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.

REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

1 County Adair Registration District No. 2
2 Township Kirkville, Mo Primary Registration District No. 3001
2 City Kirkville, Mo (No. 1) St. Ward

File No. 9961
Registered No. 48
St. Ward

2. FULL NAME Henry Webb Cole 400

(a) Residence, No. Kirkville, Mo. 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 M 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 Cordia Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-10-1884

7. AGE YEARS 53 MONTHS 4 DAYS 21 IF LESS than 1 day,hrs. ormins.

OCCUPATION 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) 2-30-38 11. Total time (years) spent in this occupation 12 yrs

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

FATHER 13. NAME Nelson Cole 2

14. BIRTHPLACE (CITY OR TOWN) Canada (STATE OR COUNTRY) 2

MOTHER 15. MAIDEN NAME Mary Dagenhart

16. BIRTHPLACE (CITY OR TOWN) Canada (STATE OR COUNTRY) 1

17. INFORMANT Richard Cole (ADDRESS) Iowa City, Ia.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bullion DATE 4-2- 1938

19. UNDERTAKER Dee Riley Funeral Home (ADDRESS) Kirkville, Missouri

20. FILED April 4 1938 Spencer L. Freeman Registrar. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1937 to March 31, 1938
I last saw him alive on March 30, 1938 Death is said to have occurred on the date stated above, at 4a m.

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

Diabetes mellitus Date of onset

Other contributory causes of importance: 59

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 Diabetes mellitus

(Signed) [Signature] M. D.

(Address)

to Hampton