

REC'D AUG 25 1938

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

25934
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 566
(b) Township Ohio Primary Registration District No. 5762
(c) City Charleston Mo (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 86

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Ernest Neville Cole 144
Cross Mo
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Coe 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF July 16 1920
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1920
7. AGE YEARS 18 MONTHS 5 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boy at home
9. Industry or business in which work was done, as 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) Cross Mo

13. NAME Arthur Neville

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

15. MAIDEN NAME Eliza Lucia

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

17. INFORMANT (ADDRESS) Arthur Neville
26 Center Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 7-25-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Burial by
Osney

20. FILED 7-25-38 19. 38 J. J. Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24th 1938

22. I HEREBY CERTIFY, that I attended deceased from _____ 19____ to _____ 19____

I last saw h. View alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Drowned while in
Swimming in the
river near Cross Mo
accidental

Date of onset

Other contributory causes of importance: 182

Name of operation _____ Date of _____
What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury _____, 19____
Where did injury occur? In river near Cross Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury died or drowned while in swimming accident
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Francis J. Vernon, M. D.
567 (Address) Charleston Mo

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.