

REC'D MAY 18 1939

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

Do not use this space.

1. PLACE OF DEATH

24 County Clay Registration District No. 198
 29 Township Fishers River Primary Registration District No. 3011
 1 City Excelsior Springs (No. _____) St. _____ (Ward) _____

File No. 14610
 Registered No. 50

2. FULL NAME

U.S. 11 Cory David Cole
 (a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode) Sycamore (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bath House Cleaner

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) April 13, 1939 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Iowa

13. NAME William Cole

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

15. MAIDEN NAME Matilda Schurze

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

17. INFORMANT Mrs. Frances Cole
 (ADDRESS) Excelsior Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE April 14, 1939

19. UNDERTAKER (ADDRESS) Herbert Hope
Excelsior Springs, Mo.

20. FILED Apr. 17, 1939 Dr. Wm. M. Drashke
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10th, 1939, to April 12, Dec., 1939
 I last saw him alive on April 12, 7:00 a.m., 1939. Death is said to have occurred on the date stated above, at 10 P. a.m.
 The principal cause of death and related causes of importance were as follows:

Gastric Hemorrhage Date of onset _____
Probably malignant
 Other contributory causes of importance: H/D

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? no
 If so, specify _____
 (Signed) P. W. Tracher, M. D.
 (Address) Excelsior Springs, 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.

RECEIVED

District Health Officer No. 8,

District File Number

3/3/39

Date Filed