

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

Do not use this space.

32695

**1. PLACE OF DEATH**

County Barry  
Towship Liberty  
City Exeter (No. .... St. .... Ward)

Registration District No. 34  
Primary Registration District No. 5050

File No. ....  
Registered No. 10

**2. FULL NAME** William A 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 M 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 Rachel Cole

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-6-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 8 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Ind.

PARENTS

10. NAME OF FATHER W. F. Cole

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Mary A. Cotten

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Fred Cole (Address) Barry Co Mo.

15. FILED Oct 31, 19 28 Mo. V. P. Searcy REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1928

17. I HEREBY CERTIFY, That I attended deceased from only prescribed ofials for many years and that I attended deceased from about 2 months that I last saw her live on 19 and that death occurred, on the date stated above, at 2 p.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cancer of breast and  
shoulder  
50  
53E (duration) 2 or 3 years

CONTRIBUTORY (SECONDARY) 417 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? gross

(Signed) W. G. Gardner M. D.

, 19 (Address) Exeter Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Exeter DATE OF BURIAL Oct 31 1928

20. UNDERTAKER Horace Funeral Home ADDRESS Cassville

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.

1928

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