

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

Do not use this space.

37229

1. PLACE OF DEATH

68 County Moniteau Registration District No. 4336
 Township Moniteau Primary Registration District No. 1095
 2 City Clarksburg (No. 11) St. _____ Ward _____

12. FULL NAME Gustavus Leroy 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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 - 1906
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 7 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woolen mill worker
 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) Apr 10, 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co.

13. NAME Lewis Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co.

15. MAIDEN NAME Etta Jobe

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

17. INFORMANT Lewis Cole
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 11/13/33

19. UNDERTAKER H. H. Pope & Son
 (ADDRESS) California mo

20. FILED 11-20-33 J. C. Martin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11-1933

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6 P. m.

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

Motor Car accident Date of onset _____

Other contributory causes of importance: _____

Name of operation none 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? Accident Date of injury 11-11-1933

Where did injury occur? Clarksburg mo
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Motor car overturned in ditch

Nature of injury neck broken

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. H. Pope, Jr. Coroner M.D.

(Address) California mo

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.

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10/10/10