

APR 22 1935

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

Do not use this space.

9911

1. PLACE OF DEATH

County MoniteauTownship Willow ForkCity TIPTONRegistration District No. 575Primary Registration District No. 4339

File No.

Registered No.

St. Ward

2. FULL NAME John Calvin 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

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Estellia Cole
(WIFE) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 1, 1856

7. AGE

YEARS
79MONTHS
0DAYS
23If LESS than 1
day, hrs.
or min.

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)11. Total time (years)
spent in this
occupation life12. BIRTHPLACE (CITY OR TOWN) Close to Decatur
(STATE OR COUNTRY) Illinois13. NAME John Cole14. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT Oscar W. Cole
(ADDRESS) Tipton, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Moriah DATE 3/26/35 19...19. UNDERTAKER Jewell E. Richards
(ADDRESS) Tipton, Mo20. FILED 3-25-35 19... Wm. Sarah Frye
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 24, 193522. I HEREBY CERTIFY, That I attended deceased from
March 22, 1935, to March 24, 1935I last saw him alive on March 24, 1935. Death is saidto have occurred on the date stated above, at 10: A. M.

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

paralysis apoplexy

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no23. 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) G. S. Wilson, M. D.(Address) Tipton, Missouri

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.

