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

Do not use this space.

17996

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Law — Primary Registration District No. 1002
City Kansas City Mo (No. 17- West- 38th St.) — File No. 2137
Registered No. ... St. ... Ward)

2. FULL NAME Mrs Lou-a-Cole

(a) Residence. No. 17- West 38th St., 5 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-21-1851

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 80 | 3 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Kentucky

PARENTS
10. NAME OF FATHER Nicholis George
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Elizabeth Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs A.H. Cole
(Address) 17- West 38

15. FILED 5/11, 1931 M M. Crowe REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-10 1931

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to May 10, 1931, that I last saw h.er alive on May 9, 1931, and that death occurred, on the date stated above, at 2-30-P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
93
11 4/12 (duration) 3-4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility
(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? Clinical findings

(Signed) ... M. D.
5/11, 1931 (Address) 1855 So west Blvd Kans

*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 | DATE OF BURIAL |
|---|---|
| Tipton Mo | May 11 1931 |
| 20. UNDERTAKER A. P. Doehler | ADDRESS 1415 & 15 |

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.

2855 South-West Blvd