

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

Do not use this space.

34301

**1. PLACE OF DEATH**

916 County St. Louis Registration District No. 786  
 13 Township Central Primary Registration District No. 4469  
 7 City Maplewood (No. 7932, Caroline St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Cec. Gardo. Cole

(a) Residence, No. 7932 Caroline 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 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow Unk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 11 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house wife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo.

FATHER 13. NAME Reuben Dalton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grasson County Virginia

MOTHER 15. MAIDEN NAME Eliziq. Ward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawkins County Tenn.

17. INFORMANT (ADDRESS) Frank H. Cole 3331 Commercial St

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington Mo. DATE 10-29-33

19. UNDERTAKER (ADDRESS) John Meident Farmington Mo.

20. FILED Oct 28, 1933 Mercedes Schuster Registrar.

**L MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Oct 27, 1933

I last saw her alive on Oct 27, 1933 Death is said to have occurred on the date stated above, at 5 a.m.

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

Chronic Valvular  
92A Cardiac Conduction  
97  
 Other contributory causes of importance:  
Arteriosclerosis

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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) Vincent Housenend, M. D.

(Address) 3101 9<sup>th</sup> Sutton Ave Maplewood

MW

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.

NOV 10 1933

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2  
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Miss Schuster  
7269 Haystack Rd