

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

No. *Richardson*  
23352  
File No. \_\_\_\_\_  
Registered No. *171*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County *Cole*  
Township *Jefferson*  
City *Jefferson* (No. \_\_\_\_\_)

Registration District No. *215*  
Primary Registration District No. *5014*

**2. FULL NAME**

(a) Residence. No. *507 Cherry* 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**

*Female*

**4. COLOR OR RACE**

*Colored*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

*Widowed*

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

*Harvey Cole*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

*March 9<sup>th</sup> 1864*

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

*64*

*3*

*5*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

*House Wife*

(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)**

*Camden Co. Mo.*

PARENTS

**10. NAME OF FATHER**

*Allen Kelly*

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

**12. MAIDEN NAME OF MOTHER**

*Francis Simpson*

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

**14.**

INFORMANT (Address)

*Annie Jenkins 507 Cherry St.*

**15.**

FILED *8-1-28*

*J. N. Bedford*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

*July 14 - 1928*

**17.**

I HEREBY CERTIFY, That I attended deceased from *7-14*

*1928*, to *7-14*, 19*28*  
that I last saw him *at home*, *Jefferson*, *Mo.*, and that death occurred, on the date stated above, at *11:30* a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Heart Failure*

*700 A.M.*

**CONTRIBUTORY (SECONDARY)**

*General debility*

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

*Don't know*

**19. DID AN OPERATION PRECEDE DEATH?**

*No*

**20. WAS THERE AN AUTOPSY?**

*No*

**WHAT TEST CONFIRMED DIAGNOSIS?**

*Clinical*

(Signed)

*R. E. Richardson, M.D.*

, 19

(Address) *Jefferson City, 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**

**DATE OF BURIAL**

*Crandall Cem*

*7-18 1928*

**20. UNDERTAKER**

**ADDRESS**

*Wymas - Gordon*

*J. C. Mo.*

Very 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.

100-100000

100-100000

100-100000

100-100000

100-100000

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cole

Registration District No. 213

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3014

Registered No. 171

City Jefferson (No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Maggie 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**4. COLOR OR RACE**

Col

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

W

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or

particular kind of work

(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)

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14.**

INFORMANT

(Address)

**15.**

FILED

9-7-28

SV Bedford

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

July 14 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

that I last saw him \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart Failure  
when Arrived  
General Debility  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

, 19\_\_\_\_ (Address)

\*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**

19

**20. UNDERTAKER**

**ADDRESS**

S-23352