JUL 28 1927

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

Do not use this space.

19246

File No. .....
Registered No. 71

1. PLACE OF DEATH
County Randolph Registration District No. 735
Township ..... Primary Registration District No. 3834
City Moberly (No. 516 Barrow St. 1 Ward)

2. FULL NAME T. Thomas Coates
(a) Residence. No. 516 Barrow St., 1st 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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1st 1839

7. AGE: Years 87 | Months 9 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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) Mo

PARENTS

10. NAME OF FATHER Thomas P Coates
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Va
12. MAIDEN NAME OF MOTHER Hannie Higbee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Della Coates
(Address) Moberly, Mo

15. FILED 6/7 1927 Thos L Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5th 1927

17. I HEREBY CERTIFY, That I attended deceased from for Several years, 19..., to June 4, 1927, that I last saw him alive on ....., 19..., and that death occurred, on the date stated above, at 10:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(a) Arteria Sclerosis
(b) 3510/18
(duration) many years yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Cystitis
(duration) 5 or 6 years 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
(Signed) G. O. Cuppaidge, M. D.
6-7th, 1927 (Address) Moberly, 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 Moberly
DATE OF BURIAL 6-7th 1927

20. UNDERTAKER Mahan and Son
ADDRESS Moberly Mo

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.