N 21 1929

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

Do not use this space.

39598

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Washington — Primary Registration District No. 5127 — Registered No. 96

City (No. County Infirmary St. Ward)

2. FULL NAME John C. Coil

(a) Residence. No. 405 Michigan St. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Coil

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb, 7, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
79	10	9	

8. OCCUPATION OF DECEASED

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

(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): Penn.

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Mrs. Church
(Address): 405 Michigan St.

15. FILED Dec 18 1928 J. J. Bauschek REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec, 16, 1928

17. I HEREBY CERTIFY, That I attended deceased from April, 1928, to Dec 16th 1928, that I last saw him alive on Dec 16th, 1928, and that death occurred, on the date stated above, at 1.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

97

162

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senile Dementia

(duration) 2 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) Albert J. Holley M. D

12/17, 1928 (Address) 822 Edmond St Joseph 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: Mt. Auburn Cemetery

DATE OF BURIAL: Dec, 18, 1928

20. UNDERTAKER: Walter Maier Sr.

ADDRESS: 1302 Faraon St/

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.