JUN 25 1930

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

Do not use this space.

16547

1. PLACE OF DEATH

County Johnson — Registration District No. 426 — File No.

Township Chilhowee — Primary Registration District No. 5591 — Registered No. 12

City RFD-Chilhowee (No. ..... St. ..... Ward)

2. FULL NAME Christiana Kinsaid Coe

(a) Residence. No. RFD Chilhowee Mo Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	6	4	

8. OCCUPATION OF DECEASED

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

(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) California

PARENTS

10. NAME OF FATHER Albert Kinsaid

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

12. MAIDEN NAME OF MOTHER Rebecca Orr

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

14. INFORMANT A B Coe
(Address) Chilhowee RFD

15. FILED 5/31 1930 J E Beaty REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Lod 10 yrs Sep 19, 1925, to 6 May 26, 1930 that I last saw her alive on May 26, 1930, and that death occurred, on the date stated above, at 2 a m m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Albuminuria or Bright's Disease

13 / 29 W

(duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ax place of Death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. R. Hampton, M. D.

, 19 (Address) Clinton 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
Blairstown Mo Carpenter Cemetery	5/28 1930

20. UNDERTAKER	ADDRESS
Spare & Son	Clinton 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.