

V. S. No. 2

WRITE PLAINLY WITH UNFADING INK— THIS ISA 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 very important. See list of causes of death furnished by local registrar.

(This Margin Reserved for Binding)

PLACE OF DEATH  
 County 25 1931  
 Township \_\_\_\_\_  
 Village Joplin or \_\_\_\_\_  
 or \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ Ward \_\_\_\_\_

Registration  
 Dist. No. 411  
2002  
 Primary 2002  
 Dist. No. 411

*Mason* CERTIFICATE OF DEATH  
**Oklahoma State Board of Health**  
 BUREAU OF VITAL STATISTICS  
 Oklahoma City, Okla. **6007**

Register No. \_\_\_\_\_

(If death occurred in a hospital or institution, give the name instead of street and number. If an industrial camp, the name of the camp to be given.)  
 2. FULL NAME of decedent, if an unnamed child, the surname, preceded by "unnamed"  
Joseph P. Coyle

PERSONAL AND STATISTICAL PARTICULARS

3. Sex M. 4. Color or Race, as white, or black mulatto (or other neg. descent) White Indian Chinese Japanese or other Write the word  
 5. Single, Married, Widowed, or Divorced Single

6. DATE BIRTH  
2 10 1907  
 (Month) (Day) (Year)

7. AGE  
24 yrs. 0 mos. 6 days If less than one day \_\_\_\_\_ hrs. or \_\_\_\_\_ mins.

8. OCCUPATION Type line employee  
 (a) Trade profession of particular kind or work  
 (b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTH PLACE Indiana  
 At least state or foreign country if known

10. NAME OF FATHER  
John Coyle

11. BIRTHPLACE OF FATHER  
 At least state or foreign country if known  
Indiana Pennsylvania

12. MAIDEN NAME OF MOTHER  
Rose Stahl

13. BIRTH PLACE OF MOTHER  
 At least state or foreign country if known  
Indiana

14. The above is true to the best of my knowledge.  
 Informant John Coyle  
 Address Nowata Okla.

15. Filed 2-23 1931  
Abraham Clark Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH  
Feb. 16 1931  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased.  
 From 2-5 1931 to 2-16 1931  
 that I saw h. un alive on 2-16-1931  
 and that death occurred on the date stated above at 6:09 a.m.

THE CAUSE OF DEATH, \*Was as follows:  
99% Cardiac Failure  
Massive Myocardial Infarction  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
 (Contributory) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
 (Signed) W. H. Mitchell M. D.,  
 1931 (Address)

\*State the disease causing death, or, in deaths from violent causes, state (1) means of injury, and (2) whether accidental, suicidal, or homicidal, state whether attributed to dangerous or insanitary conditions of employment.

18. LENGTH OF RESIDENCE (for Hospitals, institutions, transient or recent Residents.)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 11 days  
 In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
 Where was disease contracted, if not at place of death? Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Date of Burial  
Memorial Park Nowata Okla. 2-18-31

20. UNDERTAKER Address  
R. H. Benjamin Nowata Okla.

## NOTICE

Certificates will be returned for additional information which give indefinite causes of death without explanation, such as: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

STATEMENT OF CAUSE OF DEATH—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary) 10ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)