

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. AUG 22 1932

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

Do not use this space.

21824

1. PLACE OF DEATH

1 County ADAIR Registration District No. 4 File No. _____
 2 Township _____ Primary Registration District No. 3001 Registered No. 121
 7 City KIRKSVILLE MO (No. _____) St. _____ Ward _____

2. FULL NAME EMMA ALICE COON

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 12th 1866

7. AGE 65 YEARS MONTHS 8 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) WEST POINT 2 (STATE OR COUNTRY) LEE CO IOWA

MOTHER FATHER 13. NAME GEO LINHARD

14. BIRTHPLACE (CITY OR TOWN) ALSACE LORRAINE 9 (STATE OR COUNTRY) FRANCE

MOTHER 15. MAIDEN NAME LOUISE HEASSIG

16. BIRTHPLACE (CITY OR TOWN) FRANCE (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) E. H. Gray FT MADISON IOWA

18. BURIAL, CREMATION, OR REMOVAL PLACE REFUGEE DATE July 26 1932

19. UNDERTAKER (ADDRESS) Davis & Childer

20. FILED 7/29/ 1932 Mrs. C. N. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24 1932, to July 24 1932.
 I last saw her alive on July 24 1932. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset _____

Other contributory causes of importance: 94B 94-B

23. Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? (3)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signature) Carl T. Davidson M.D.
 (Address) Lynchlin Hospital Kirkville, Mo

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