

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

Do not use this space.

40709

1. PLACE OF DEATH

County Miss

Registration District No. 567

Township East Prairie, mo

Primary Registration District No. 4324

City East Prairie, mo (No. 1803)

File No. _____

Registered No. 65-

St. _____

Ward _____

2. FULL NAME

William J. Coats

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

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

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

Aug 7 - 1869

7. AGE

63

3 MONTHS

26 DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Arboursport

FATHER

13. NAME

Joshua Coats

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

MOTHER

15. MAIDEN NAME

Elizabeth Hachabye

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

Tenn

17. INFORMANT (ADDRESS)

Leslie Coats mo East Prairie

18. BURIAL, CREMATION, OR REMOVAL PLACE

Dogwood

19. UNDERTAKER (ADDRESS)

Grays Shelby East Prairie mo

20. FILED

12-3 19 2 Duffen Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1932 - Nov 27

22. I HEREBY CERTIFY That I attended deceased from

Nov 27, 1932, to Dec 3, 1932

I last saw him alive on Dec 3, 1932 Death is said

to have occurred on the date stated above, at _____ m.

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

Chronic interstitial Nephritis

Date of onset abt one year ago

Other contributory causes of importance:

Mitral Insufficiency

Name of operation _____ Date of _____

(What test confirmed diagnosis? _____ Was there an autopsy? _____)

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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 _____

(Signed) George W. Whitaker, M. D.

(Address) East Prairie mo

MARGIN RESERVED FOR BINDING

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.

V. 6. NO. 2

