

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.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26256

1. PLACE OF DEATH

42 County Henry
 Township Fairview
 City Deepwater (No. _____)

Registration District No. 351
 Primary Registration District No. 3492

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME William B. Coyner

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Mrs. W. B. Coyner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 3

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) Indiana.

13. NAME George Coyner

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

15. MAIDEN NAME Mary Boyd.

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

17. INFORMANT Fredona Coyner
 (ADDRESS) Deepwater

18. BURIAL, CREMATION, OR REMOVAL a Dunning Bm
 PLACE DATE August 22, 1933

19. UNDERTAKER Tom Hurst
 (ADDRESS) Deepwater, MO

20. FILED 9-16, 1933 J. J. Russell
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933 to Aug 5, 1933

I last saw him alive on Aug 5, 1933 Death is said

to have occurred on the date stated above, at 4 P. m.

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

Date of onset

Acute dilatative
Heart C. wrapped
arteries

Other contributory causes of importance:

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) J. J. Russell, M. D.

(Address) Deepwater

