

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

Do not use this space.

MAY 19 1937

1. PLACE OF DEATH

County Dallas
Township Lincoln
City subana

Registration District No. 245
Primary Registration District No. 5339

File No. 16181
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Belle D. Coon

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1861

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:55 PM

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____hra. or _____min. 76 9

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

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

Died suddenly with out medical attention
Death due to natural causes.
Other contributory causes of importance: no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co. Mo.

13. NAME Elizah Darby

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

15. MAIDEN NAME Elizabeth Kaywood

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

17. INFORMANT (ADDRESS) John D. Coon subana Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisburg Cem. DATE 5-2-37

19. UNDERTAKER (ADDRESS) F. B. Gows Buffalo Mo.

20. FILED _____ 19____ 1/1 Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

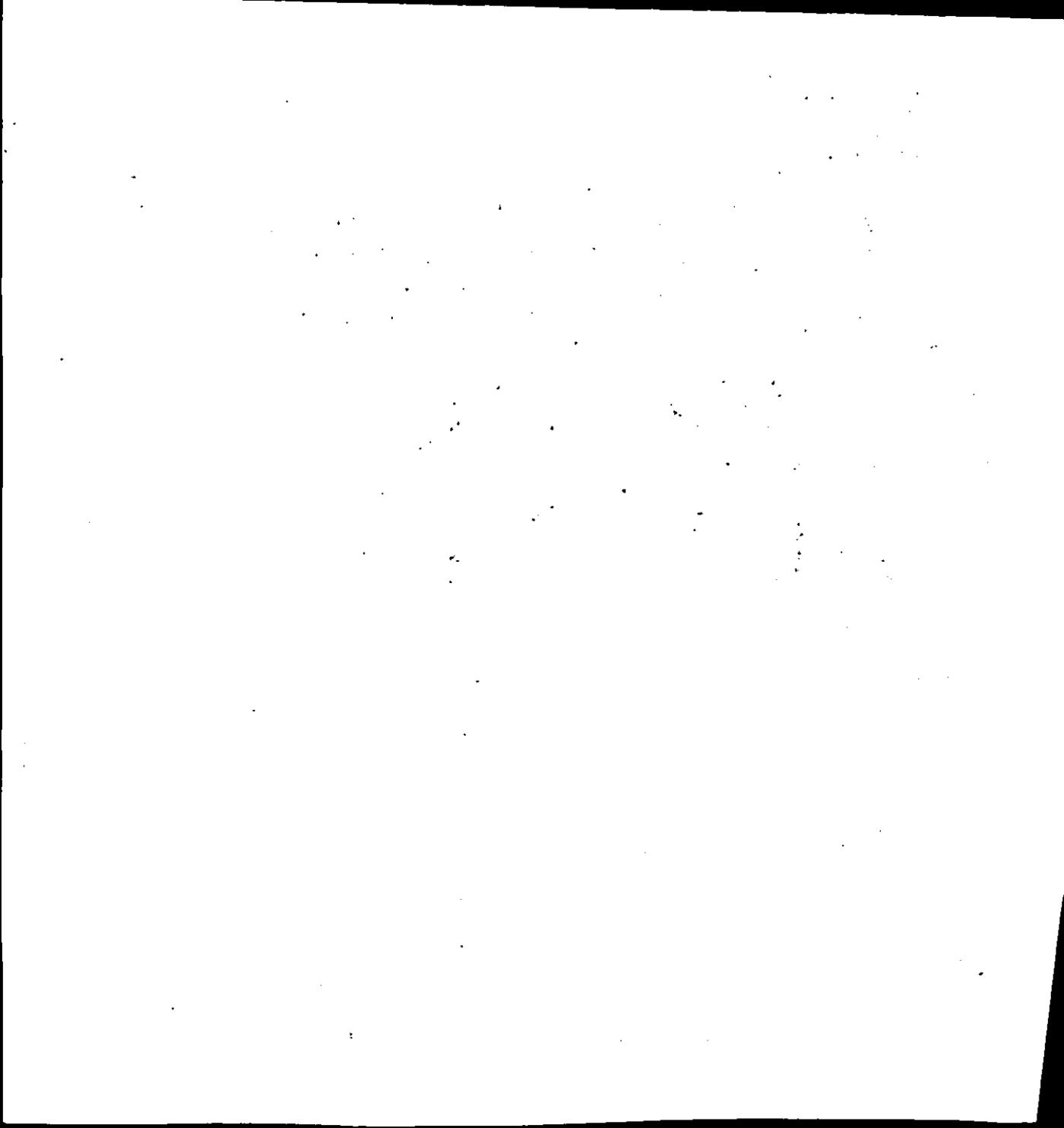
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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 4
Nature of injury _____

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

(Signed) L. B. Jones Coon M. D.
(Address) Buffalo Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dallas
Township Green
City Wray (No.)

Registration District No. 245-
Primary Registration District No. 5339

File No. 16181
Registered No. 2
St. Ward)

2. FULL NAME Belle M. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 - 9

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

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) Dallas County, Mo

MOTHER FATHER 13. NAME Elijah Parson Ill

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

15. MAIDEN NAME Elizabeth Hayward

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

17. INFORMANT (ADDRESS) John M. Coon

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisburg Cem DATE 5-3-37

19. UNDERTAKER (ADDRESS) L. B. Jones

20. FILED May 6, 19 37 Alce Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-37

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 11:30 p. m.

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

Died suddenly without medical attention. Death due to natural causes

Other contributory causes of importance:

no inquest

Name of operation Date of

What test confirmed diagnosis? NO 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) L. B. Jones coroner

(Address) Buffalo Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

18191-5