

SEP 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County ScottTownship RussoCity Farmington (No. .... St. .... Ward)Registration District No. 1151Primary Registration District No. 4588File No. 31964

Registered No. ....

2. FULL NAME Paul Coomer

(a) Residence, No. .... St. .... Ward.

Length of residence in city or town where death occurred 3 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2-19337. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
3 10 6

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

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) Perkins Mo.13. NAME Walter Coomer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russell Mo.15. MAIDEN NAME Esther Stern16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo.17. INFORMANT Robert Coomer (ADDRESS) Farmington Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Perkins Mo. DATE 8/10/3719. UNDERTAKER Deems & Wells (ADDRESS) Cape Girardeau Mo.20. FILED 8-10 1937 5911 Coy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8-193722. I HEREBY CERTIFY, That I attended deceased from 8-8-1937, to 8-8-1937I last saw him alive on 8-8-1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Fracture of chest

Other contributory causes of importance:

BariumName of operation ✓ Date of .....What test confirmed diagnosis? ✓ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? yes Date of injury 8-8-1937Where did injury occur? Public place (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Street by automobileNature of injury Fracture of chest24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) R. S. Coomer, M. D.(Address) Farmington Mo.

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.

