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.

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REC'D MAR 21 1938

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

7434
Do not use this space.

1. PLACE OF DEATH

(a) County Mercer — Registration District No. 556

(b) Township ~~Mercer~~ — Primary Registration District No. 4328 — Registered No. 9

(c) City Princeton — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Etta Coon 500

(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Jake Coon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 21, 1870

7. AGE: YEARS 67 — MONTHS 11 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as 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): Missouri — Mercer Co. Mo

FATHER
13. NAME: Juella Minshall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Martha Logan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Mo — Missouri

17. INFORMANT (ADDRESS): Jake Coon — Princeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Topsy Cemetery — DATE: March 5, 1938

19. FUNERAL DIRECTOR (ADDRESS): Noel Moss — Princeton, Mo.

20. FILED: 3/4, 1938 — J M Perry, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1938, to Mar 4, 1938
I last saw her alive on Mar 4, 1938. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart decrease — Mitral and aortic Insufficiency — 92 h	2/1 — 1937
Other contributory causes of importance: Broncho-Pneumonia Fever —	2/14/38

Name of operation: None — Date of .....
What test confirmed diagnosis? Lab — Was there an autopsy? No

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) [signature], M. D.
494 (Address) Princeton Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Noel Moss, Licensed Embalmer No. 2634

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Noel Moss

Licensed Embalmer No. 2634

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)