

REC'D AUG 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24745

Do not use this space.

1. PLACE OF DEATH

(a) County **BUCHANAN**Registration District No. **85**

(b) Township

Primary Registration District No. **1001**(c) City **ST JOSEPH**(d) Street No. **603 BLAKE ST.**Registered No. **705**(e) Length of residence in city or town where death occurred **25** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME **ARTHUR T. COULDRY**(a) Residence, No. **603 BLAKE ST.** 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

MALE

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**MARRIED**5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF**PHYLLIS COULDRY**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **NOV. 16, 1864**

7. AGE

73

YEARS

7

MONTHS

21

DAYS

IF LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc. **RETIRED BUTCHER**9. Industry or business in which work
was done, as saw mill, bank, etc. **MORRIS & CO.**10. Date deceased last worked at
this occupation (month and
year) **1920**11. Total time (years)
spent in this
occupation **35**12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**LONDON****ENGLAND**

FATHER

13. NAME **UNKNOWN**14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**UNKNOWN****UNKNOWN**

MOTHER

15. MAIDEN NAME **UNKNOWN**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**UNKNOWN****UNKNOWN**17. INFORMANT
(ADDRESS)**WILLIAM H. COULDRY
603 BLAKE STREET...**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **ASHLAND CEMETERY** DATE **JULY 9, 1938**19. FUNERAL DIRECTOR
(ADDRESS)**CLARK MORTUARY****5025 KING HILL AVE.**20. FILED **July 12, 1938**

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JULY 7, 1938** 19

22. HEREBY CERTIFY That I attended deceased from

July 2, 1938, to July 7, 1938I last saw him alive on **July 7, 1938** Death is saidto have occurred on the date stated above, at **7:30** m.

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

Ch. Diabetes -
Ch. Valvular Heart Dis.
Atherosclerosis of
59

Date of onset

1930**1925****1938**

Other contributory causes of importance:

Edema of Lung
Ch. Prostatitis
7/5/38

Name of operation

Date of

What test confirmed diagnosis? **Cholesterol** 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? **No**

If so, specify

(Signed) **A. R. J. [Signature]**, M. D.(Address) **St. Joseph, Mo**

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.

STATEMENT BY LICENSED EMBALMER

I, Earl A Clark, Licensed Embalmer No. 3476

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

No. 3476 L. E. or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 3476

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.)