

REG'D FEB 6 1939

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

1580

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township _____ Primary Registration District No. 3006 Registered No. 16
(c) City Columbia (d) Street No. Boone County Infirmary 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

200 NATHAN COOSE
(a) Residence, No. Boone County Infirmary St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betty Coose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) Missouri (STATE OR COUNTRY) 09

13. NAME Thomas Coose

14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) 09

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

17. INFORMANT Jag Coose (ADDRESS) Brown Station mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dalton DATE 1-27-1939

19. FUNERAL DIRECTOR Parkers (ADDRESS) Columbia mo

20. FILED 1/26/39 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15-1939, to Jan 25, 1939
I first saw him alive on Jan 22, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Broken Compensation

Other contributory causes of importance: 93

Name of operation none Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? W

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) W. K. Kampshmidt, M. D.
(Address) Columbia

STATEMENT BY LICENSED EMBALMER

I, W. N. Whitfield, Licensed Embalmer No. 3893
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. N. Whitfield

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed W. N. Whitfield
Licensed Embalmer No. 3893

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.)