

REC'D FEB 21 1939

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

1732

Do not use this space.

## 1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 18  
 (c) City Poplar Bluff, Mo. (d) Street No. Poplar Bluff Hospital 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

320 Margaret Coats  
 (a) Residence, No. 928 Maude 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Omer Coats

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1900

7. AGE YEARS 39 MONTHS 0 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saleslady  
 9. Industry or business in which work was done, as saw mill, bank, etc. Ready-to-wear Store  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Poplar Bluff, Mo.  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Wilborn Lane  
 14. BIRTHPLACE (CITY OR TOWN) Dalton  
 (STATE OR COUNTRY) Georgia

MOTHER 15. MAIDEN NAME Matilda Wilburn  
 16. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

17. INFORMANT Omer Coats  
 (ADDRESS) 928 Maude

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Jan. 20, 1939

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service  
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 1/20 19 39 Voluntarily  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1939, to Jan 18 1939  
 I last saw him alive on Jan 18 1939. Death is said to have occurred on the date stated above, at 6:15 AM  
 The principal cause of death and related causes of importance were as follows:

Ischaemia  
104  
 Other contributory causes of importance:  
Empyema

Name of operation none Date of —  
 What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external cause (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) Wm. H. Henshaw, M. D.  
 (Address) Poplar Bluff, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Grover W. Greer*

Licensed Embalmer No. *2964*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**