DISTD APR 11 1939

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

10907
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy 2 Registration District No. 324
(b) Township Franklin 1 Primary Registration District No. 4196 Registered No. 4
(c) City Spickard 1 (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 Henry Coon
(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: Male
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 Mary McLaughlin Coon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-23-1859
7. AGE: Years 79 | Months 4 | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) (STATE OR COUNTRY) Mercer County Mo.

FATHER
13. NAME David Coon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Lucinda Shaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Cliff Coon Spickard Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem. DATE Mar. 24 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. E. Schooler Spickard Mo. 238
20. FILED Mar 24 1939 Mrs Wilbur Caudle Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 38 to March 39
I last saw him alive on 3/-1 1939 Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:
Mitral-Insuff. incep. of 1938.
Date of onset
Other contributory causes of importance: Gall
Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy?
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) C. L. McCampbell M. D.
(Address) Spickard Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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District Health Center No. 11,
District File Number 39-248
Date Filed 1939

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, Ross Wise, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard Mo.

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.