

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.

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

Do not use this space.

REC'D APR 19 1939

11327

1. PLACE OF DEATH

County Lafayette 2 Registration District No. 464
Township Maple 1 Primary Registration District No. 4277
City Adams mo (No. St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

Josie Coates
(a) Residence No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1933

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luxington Lafayette co. mo.

FATHER 13. NAME Conrad Decker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mary Bell Coates
(ADDRESS) Adams mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burien Cem DATE 3/22

19. UNDERTAKER Wm E. M. Goodwin
(ADDRESS) Adams mo

20. FILED 3-22-39 1939 Wm E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1934, to 3-21, 1934

I last saw h. alive on 3-21, 1934. Death is said to have occurred on the date stated above, at 1 A m.

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

Coronary Occlusion
94
Date of onset: 3-21

Other contributory causes of importance:

Name of operation none 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? no Date of injury

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) W. M. Martin, M. D. (Address) Adams mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/5/39