

AUG 10 1939

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

25005
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 17
(b) Township Missouri Primary Registration District No. 37152
(c) City Columbia (d) Street No. Route 3 Registered 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 WILLIAM WARREN COATS

(a) Residence, No. Route 3 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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-7-1885

7. AGE YEARS 54 MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) Boone County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Thomas Henry Coats

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

MOTHER 15. MAIDEN NAME Algie Cornelison

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

17. INFORMANT Mrs. W. W. Coats (ADDRESS) Route 3, Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Springs DATE 7-30 1939

19. FUNERAL DIRECTOR (NAME) Parrera (ADDRESS) Columbia Mo.

20. FILED Aug 1 1939 Mrs. Susie Ward Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-21 1939 to 7-29 1939

I last saw him alive on 7-29 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Tuberculosis of Lungs
Date of onset 73

Other contributory causes of importance:

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 _____ 1939

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify Utility Worker

(Signed) F. B. Williamson M. D.

(Address) Columbia 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 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

M. W. Whitfield

Licensed Embalmer No. *3493*

P. O. Address *Calumet 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.