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.

SEP OCT 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois — Registration District No. 775 — File No. 33385

Township Perry — Primary Registration District No. 6030-A — Registered No. 61

City Bonne Terre (No. Bonne Terre Hospital St. Ward)

2. FULL NAME William Coma Emily

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 9-1882

7. AGE: YEARS 56 — MONTHS 10 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lead mines
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): Richwoods Mo

FATHER

13. NAME: Joseph Emily
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richwoods Mo

MOTHER

15. MAIDEN NAME: Zira Morrow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richwoods Mo

17. INFORMANT (ADDRESS): Nadine Emily Leadington Mo

18. BURIAL, CREMATION, OR REMOVAL: Wood Lawn — DATE 8-27 1939

19. UNDERTAKER (ADDRESS): Caldwell Bros Flat River Mo

20. FILED Sept. 11 1939 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1939, to Aug. 25, 1939

I last saw him alive on Aug. 25, 1939. Death is said to have occurred on the date stated above, at 5:50 m.

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

	Date of onset
Crushing injury to legs, knees, and pelvis with left hip dislocation and several head and scalp cuts.	8/25/39

Other contributory causes of importance: None.

Name of operation: Died before operation. Date of

What test confirmed diagnosis? X-ray. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident. Date of injury 8/25, 1939

Where did injury occur? Riverminos Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In industry with St. Joseph Lead Co.

Manner of injury: Caught between underground ore cars

Nature of injury: See under #22

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

If so, specify: Mine accident.

(Signed) David Esmith, M. D.

(Address) Bonne Terre, Mo.