

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.

FILED FEB 7 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2910
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 475
 (b) Township Spring River Primary Registration District No. 5639
 (c) City Verona Mo (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 70 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE, OF Hamilton Benton Coe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 5 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

13. NAME William Kidd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, England

15. MAIDEN NAME Mary Jane White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York

17. INFORMANT (ADDRESS) Marj H. Goddard Verona Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring River Cem DATE Jan 30, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George B. Orr 722 Union Mo

20. FILED 2/3 19 40 C J Rudwig Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1939 to January 26, 1940
 I last saw her alive on January 26, 1940 Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Cardiac Failure 1/28/40
Cerebral hemorrhage 12/28/39
 Other contributory causes of importance: Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) F. Avery Watson, M. D.
 (Address) Verona General Hospital

RECEIVED

District Health Officer No. 6,

District File Number 240-311

Date Filed FEB 6 1940

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Geo. B. Orr

Licensed Embalmer No.

P. O. Address

*946
The Vernon*

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.