

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

Do not use this space.

38311

1. PLACE OF DEATH

5 County Bany Registration District No. 1168
Township Wheaton Primary Registration District No. 6042A
City (No.) St. Ward

2. FULL NAME

(a) Residence, No. Jesse Coates St. Wheaton Ward. (If nonresident, give city or town and State)
(Usual place of abode) Purdy P.R.
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Coates</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 3/1874</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>8</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>56</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>110</u>	<u>22</u>
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bany Co. Missouri</u>		
MOTHER FATHER	13. NAME <u>Buel Coates</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
	15. MAIDEN NAME <u>Margaret Lloyd</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT <u>Mrs. Jesse Coates</u> (ADDRESS) <u>Wheaton P.R.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Murray Cem</u> DATE <u>Jan 1</u> 19 <u>32</u>		
19. UNDERTAKER <u>Blk. Thru Funeral Home</u> (ADDRESS) <u>Wheaton</u>		
20. FILE NO. <u>100</u> 19 <u>32</u> <u>E. Edmondson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932, to Dec 30, 1932
I last saw him alive on Dec 30, 1932 Death is said to have occurred on the date stated above, at 5:15 m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Acute Arterial R
Rheumatism (Generalized) 4 days
Acute Myocardial Failure 1 day

Other contributory causes of importance:
Influenza 1 wk

Name of operation None Date of 5/6
What test confirmed diagnosis? Physic 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 Dr. J. J. ... M. D.
(Signed) Wheaton, Mo
(Address)

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.

JAN 21 1933

