

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

PLACE OF DEATH

County Jasper

Township Salina

or

Village \_\_\_\_\_

or

City Joplin Mo (NO. 29th & Empire St. Ward \_\_\_\_\_)

Registration District No. 411

File No. 16935

Primary Registration District No. 2002

Registered No. 1552

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Nancy J. Coar

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH Dec 8, 1866  
(Month) (Day) (Year)

AGE 43 yrs. 6 mos. 17 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Bowie Co Tex

PARENTS NAME OF FATHER Rollie Little BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee  
MAIDEN NAME OF MOTHER Nancy Little BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jos W Simpson Son 2019 Empire St (ADDRESS)

Filed June 25 1910, Daniel R Hiee REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 23, 1910, to June 24, 1910, that I last saw her alive on June 23, 1910, and that death occurred, on the date stated above, at 4:30 Pm. The CAUSE OF DEATH\* was as follows:

Consumption  
23A

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) M T Bailey M. D. June 25, 1910 (Address) Joplin Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Where was disease contracted if not at place of death? Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Joplin DATE OF BURIAL 6-25-10  
UNDERTAKER Shurlock ADDRESS 4th Ave

