

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

851

PLACE OF DEATH /

County Harrison

Township Clay

Village _____

City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 335

File No. _____

Primary Registration District No. 5470

Registered No. 2

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

FULL NAME Jesse Thomas Coats

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH May 20, 1852
(Month) (Day) (Year)

AGE 62 yrs. 7 mos. 25 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Kentucky

NAME OF FATHER Richard Coats

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

MAIDEN NAME OF MOTHER Julia C. Crump

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Walterfield Taylor

(ADDRESS) Blythdale Mo

Filed Jan 16 1915 W. H. Conaway REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 3, 1915, to Jan 15, 1915, that I last saw him alive on Jan 15, 1915,

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Plural Pneumonia
108
92
(Duration) _____ yrs. _____ mos. 12 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. J. Waringham M. D.
Jan 15, 1915 (Address) Blythdale 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 Taylor Grove Cemetery DATE OF BURIAL Jan 16, 1915

UNDERTAKER Mellen Purrier ADDRESS Blythdale Mo

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.

Revised United States Standard Certificate