

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.

7 2 9

27 Du. G. W.

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

Do not use this space.

24922

File No. \_\_\_\_\_  
Registered No. 471 \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Missouri Registration District No. 5-67  
Township St James Primary Registration District No. 5763  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward)

2. FULL NAME

John E Coe  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Coe  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16-1873  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54 | 6 | 9  
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work farmer (b) General nature of industry, business, or establishment in which employed (or employer) Lee Frederick (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) don't know

14. INFORMANT Lee Frederick (Address) Wesley Road Mo

15. FILED 9-3-27 Thuff/Hodge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1927  
17. I HEREBY CERTIFY, That I attended deceased from Aug. 25th, 1927 to Aug. 25th, 1927 that I last saw him alive on Aug. 25th, 1927 and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia

10/10 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. about 7

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) Geo. W. Whitaker, M. D. 9-2-1927 (Address) East Prairie Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Crestmont Cemetery DATE OF BURIAL Aug 25 1927

20. UNDERTAKER Travis Shelby ADDRESS East Prairie

