30 1928

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.

27-4-4

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

Do not use this space.

3809-a

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 71

City ~~Nevada~~ (No. ..... St. ..... Ward)

2. FULL NAME Bessie Coin

(a) Residence. No. Joplin Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Coin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	5	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Chas Oleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ida Sheeways

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stone Co
(STATE OR COUNTRY) Mo.

14. INFORMANT St. Hosp. Nevada Mo
(Address)

15. FILED 4-10 1928 E. R. Kiss
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/13 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927, to Jan 13, 1928 that I last saw her alive on Jan 12, 1928, and that death occurred, on the date stated above, at 2 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93

Pareses

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical-Laboratory

(Signed) C. Goforth, M. D

1/16, 1928 (Address) Nevada 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	DATE OF BURIAL
State Hospital	1/15/1928

20. UNDERTAKER	ADDRESS
Turpin Nevada Mo	