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

Do not use this space.
13869

1. PLACE OF DEATH
County: Lafayette
Township: Lexington
City: ..... (No. ..... St. ..... Ward)
Registration District No. 461
Primary Registration District No. 5625
File No. 32
Registered No. .....

2. FULL NAME: Amose ~~Coe~~ 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 1883
7. AGE: Years 44 | Months 4 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Leavenworth
(STATE OR COUNTRY): Kans.

PARENTS
10. NAME OF FATHER: Lyrus Coe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Michigan
12. MAIDEN NAME OF MOTHER: Anna Farrell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): London
(STATE OR COUNTRY): England

14. INFORMANT: Lyrus Coe
(Address): Kansas City Mo

15. FILED: April 23, 1928 J. D. Cope, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 22 1928
17. I HEREBY CERTIFY, That I attended deceased from April 22, 1928, to April 22, 1928, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6:00 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture Skull (Base)
Caused by fall from bridge
..... (duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. J. Chalkley, M. D.
April 23, 1928 (Address)

*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: Lexington Mo
DATE OF BURIAL: April 23 1928
20. UNDERTAKER: Ernest Feged
ADDRESS: Lexington Mo.