

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

1. PLACE OF DEATH

County **ADAIR**

Registration District No. **2**

File No. **15-975-a**

Township **NENIVA**

Primary Registration District No. **5002**

Registered No. **137**

City **KIRKSVILLE MO**

St. **7** Ward

2. FULL NAME **MALINDA COONFIELD.**

(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 **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **WIDOWED,**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **JAN 1 1839**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **89 3 4**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **HOUSE KEEPER,**

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

(c) Name of employer **.....**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IND**

10. NAME OF FATHER **THOMAS SANBERS,**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **IND**

12. MAIDEN NAME OF MOTHER **CATHERN MAY**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **IND**

14. INFORMANT **J. E. Coonfield** (Address) **KIRKSVILLE NOVINGER MO**

15. FILED **8/8** 19 **28** **J. S. Gaubwiler** REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) **5 6 19**

17. I HEREBY CERTIFY, That I attended deceased from **April 20**, 19 **28**, to **April 28**, 19 **28** that I last saw him **alive** on **April 27**, 19 **28**, and that death occurred, on the date stated above, at **5:00** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cataractal Pneumonia

CONTRIBUTORY (SECONDARY) **Influenza** (duration) yrs. mos. ds. **1 0**

18. WHERE WAS DISEASE CONTRACTED? (duration) yrs. mos. ds. **IND**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) **J. E. Coonfield** M. D.

5/7, 19 **28** (Address) **Green Castle 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **GREENGROVE** DATE OF BURIAL **5.7/28 19**

20. UNDERTAKER **James Wilson** ADDRESS **Highland**

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.

