JAN 28 1929

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

Do not use this space.

42200

1. PLACE OF DEATH

County: Ray — Registration District No. 914

Township: Grape Grove — Primary Registration District No. 6235

City: Richmond (No. ..... St. ..... Ward)

File No. .....

Registered No. 28

2. FULL NAME Gladys Nadine Coats

(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 X yrs. X mos. 15 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)
Fe	Wh	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	X	X	15	

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

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

PARENTS

10. NAME OF FATHER Roy Coats

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

12. MAIDEN NAME OF MOTHER Ethel Baum

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

14. INFORMANT Roy Coats
(Address) Richmond, Mo

15. FILED DEC 17, 1928 W. E. Gant
REGISTRAR

✓ MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10 1928

17.
I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1928, to Dec. 10, 1928 that I last saw h. alive on Dec 10, 1928, and that death occurred, on the date stated above, at 8:100 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio Pneumonia (Massive)
(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

DEC 10, 1928 (Signed) Carl H Reed, M. D
(Address) Hardin

*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 New Hope Cem. — DATE OF BURIAL 12/11 1928

20. UNDERTAKER B. F. Mead — ADDRESS Braymer, Mo

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

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.