

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

Do not use this space.

5673

1. PLACE OF DEATH
 County Callaway, Registration District No. 104
 Township Fulton Primary Registration District No. 3008
 City Fulton, Mo. (No.) St. Ward)

File No.
 Registered No. 32

2. FULL NAME Samuel Glover Coons,
 (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) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 8th, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	76	3	26	

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

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

10. NAME OF FATHER Frank Coons
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Manda Robinson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Ralph Truitt,
 (Address) Fulton, Mo.,

15. FILES 2-2-29 R. N. Creech
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/2/1929

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to 2/2/1929, and that I last saw him alive on 2/2/1929, and that death occurred, on the date stated above, at About 3, # P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of mouth

CONTRIBUTORY (SECONDARY) Hemorrhages
 (duration) yrs. mos. ds. 4

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF X
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. H. Christian, M. D.
 , 19 (Address) Fulton 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 Millersburg Cemetery DATE OF BURIAL: 2/3/29, 19

20. UNDERTAKER Herndon-Taylor Furn-Co ADDRESS Fulton, Mo.,

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.

APR 21 1929
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