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

Do not use this space.

9691

File No. 399
Registered No.

85

Registration District No.
Primary Registration District No. 1001

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. 2701 Penn St. Ward)

2. FULL NAME Agnes Coakley,
(a) Residence. No. 2701 Penn St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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	White	Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ellis Coakley,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	15	

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

9. BIRTHPLACE (CITY OR TOWN) Swinton, Manchester
(STATE OR COUNTRY) England,

PARENTS
10. NAME OF FATHER Patrick, Foy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ireland,
12. MAIDEN NAME OF MOTHER Ann Jane Wilman,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) England,

14. INFORMANT Ellis Coakley
(Address) 2701 Penn Street,

15. FILED MAR 26 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1929

17. I HEREBY CERTIFY, That I attended deceased from March 20 1929 to March 24 1929 that I last saw alive on March 24 1929 and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Disease
Myocarditis
Rheumatic
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(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
(Signed) John L. Byrne M. D.
March 29 1929 (Address) St Joseph 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 Mount Olivet Cemetery
DATE OF BURIAL Mch. 27 1929

20. UNDERTAKER Heaton-Belyale-Bowman
ADDRESS 319 S. 10 St.
by F. H. Kaelo Funeral Home

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.

MAR 23 1929