MAR 28 1930

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

Do not use this space.

File No. 5574

Registered No. 7

1. PLACE OF DEATH

County: Lincoln — Registration District No. 490

Township: Cuivre — Primary Registration District No. 4297

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

2. FULL NAME Isaac Coose

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta Coose

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 22-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	4	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Day laborer
(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) Lincoln Co. Mo.

PARENTS

10. NAME OF FATHER John Coose.

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

12. MAIDEN NAME OF MOTHER Margaret Kinion

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

14. INFORMANT Nathan Coose
(Address) Whiteside Mo.

15. FILED 2-22-1930 O. H. Damron. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 22 1930

17. I HEREBY CERTIFY, That I attended deceased from February 18 1930 to February 22, 1930 that I last saw h. alive on February 20, 1930, and that death occurred, on the date stated above, at 12 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

10d (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) O. H. Damron, M. D.

2-22-, 1930 (Address) Silex 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	DATE OF BURIAL
Millwood Cemetery	2-23-1930.
20. UNDERTAKER	**ADDRESS**
Dammund and Scheeby	Silex 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.