

WHITE COPY, 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.

JUN 24 1930

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

Do not use this space.

15355

1. PLACE OF DEATH 85
 County..... Buchanan Registration District No.....
 Township..... Primary Registration District No. 1001
 City..... St. Joseph, (No. 501 Shady Ave. St. Ward)

File No.....
 Registered No. 574
 St. Ward

2. FULL NAME Sarah Ann Coen
 (a) Residence. No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 85 11 27

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) Jennings Co, Ind.
 (STATE OR COUNTRY)

10. NAME OF FATHER Jeremiah Patrick
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown Tenn.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Catherine Holman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown Kentucky
 (STATE OR COUNTRY)

14. INFORMANT Mrs. J. W. Lofflin
 (address) 510 Shady Ave.

15. FILED 12 1930
 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw ~~HER~~ alive on 19..... and that death occurred, on the date stated above, at 7:50 A.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS
Hemorrhage - Cerebral

7.3C
 8.2.A
 7.7
 CONTRIBUTORY (SECONDARY) Arteriosclerosis, Myocarditis (duration) 10 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) E. A. Hemming, M. D.
 May 10, 1930 (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 Mt. Auburn Cemetery
 DATE OF BURIAL May 12, 1930

20. UNDERTAKER Walter Meinhoff
 ADDRESS 1302 Faraon St.

