

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
 Township Meritawalla
 City Meritawalla No. _____

Registration District No. 873
 Primary Registration District No. 6157

File No. 41801
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Miss Coral Raymond

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Ward Raymond</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 10 1906</u>		
7. AGE <u>24</u>	YEARS	MONTHS <u>9</u>
		DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>711</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>Wayne</u> (STATE OR COUNTRY) <u>Mo</u>		
PARENTS	10. NAME OF FATHER <u>Edwin Colter</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Frankfort</u> (STATE OR COUNTRY) <u>Ohio</u>	
	12. MAIDEN NAME OF MOTHER <u>Ermine Johnson</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Walden</u> (STATE OR COUNTRY) <u>Iowa</u>		
14. INFORMANT <u>Edwin Colter</u> (Address) <u>Sheldon</u>		
15. FILED <u>Dec 8 1930</u> <u>M. J. Mallory</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/4 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 1929, to Dec 4 1930, that I last saw her alive on Nov 24 1930 and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
has P. B. Mc Coy of St. Joseph
Mo. treated her from June 13, 1930
to Dec 4, 1930 (duration) yrs. 5 mos. 21 ds.

CONTRIBUTORY (SECONDARY) Vincent's Angina
 (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
St. Joseph Mo
 (NOT AT PLACE OF DEATH)
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Cultural
 (Signed) Arthur B. Little, M. D.
12/4, 1930 (Address) Sheldon 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
Denigan Spots DATE OF BURIAL
12-5 1930

20. UNDERTAKER
G. B. Bennett sons ADDRESS
Sheldon 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.

29 1930

