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.

FEB 18 1931

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 239

Township Primary Registration District No. 1001 Registered No. 54

City St. Joseph (No. 1807 Pacific Street St. Ward)

2. FULL NAME William Coyle

(a) Residence. No. 1807 Pacific Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 42 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 Nancy Ellen Coyle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 30, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	4	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Swift & Co. Packers

9. BIRTHPLACE (CITY OR TOWN) Laddsburg
(STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER Frank Coyle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Mary Cullen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Penn.

14. INFORMANT Mrs Nancy E Coyle
(Address) 1807 Pacific St.-St. Joseph Mo.

15. FILED JAN 15 1931 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 15 1931

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains ..., 19..., to ..., 19..., that I last saw him alive on ..., 19..., and that death occurred, on the date stated above, at 4/30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

89 A

99

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

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 5 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? History

(Signed) B. W. Tadlock Coroner, M. D.

Jan. 15 1931 (Address) 921 Francis

*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. Olivet Cemetery

DATE OF BURIAL Jan. 17 1931

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union St.