

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

Do not use this space.

1098

41

1. PLACE OF DEATH  
 County Wallow Springs Registration District No. 385  
 City Wallow Springs Primary Registration District No. 5536  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Carl Raymond Coatney  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 - 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>3</u>	<u>11</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Wallow Spgs Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Edouard Coatney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fay Presser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wallow Spgs Mo  
 (STATE OR COUNTRY)

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan'y 1, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1930 to Jan'y 1 1931  
 that I last saw him alive on Jan'y 1, 1931, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Erysipelas  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY hemorrhage, posterior  
 (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED Place of death  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
 (Signed) J. E. Davis M. D.  
 + 2 - 19 30 (Address) Wallow Springs 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 <u>Freedom Cem.</u>	DATE OF BURIAL <u>1/2 1931</u>
20. UNDERTAKER <u>Richard Kensington</u>	ADDRESS <u>Wallow Spgs Mo</u>

14. INFORMANT George Presser  
 (Address) Wallow Spgs. Mo

15. FILED 1/4 31 19 31 J. B. Ferguson  
 REGISTRAR

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.

