

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

Do not use this space.

1128

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No. Indep. Sanitarium)
2. FULL NAME Emma Alberta Coonce
 (a) Residence, No. 9520 East 14th Independence Missouri Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 11
 St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 or (OR) WIFE OF Ray Coonce
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-7-1903
7. AGE
 YEARS 27 MONTHS 7 DAYS 0
 If LESS than 1 day, _____ hrs. or _____ min.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7 1931
17.
 I HEREBY CERTIFY, That I attended deceased from 10/11, 1930, to 1/7, 1931
 that I last saw h. 2 alive on 1/7, 1931, and that death occurred, on the date stated above, at 8 p m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Staphylococcus Vegetabilis
Septic Endocarditis
915
 (duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia - chronic
 (duration) _____ yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) at home 235
 (c) Name of employer _____
9. BIRTHPLACE (CITY OR TOWN) Wt Washington
 (STATE OR COUNTRY) Jackson Co. Mo
10. NAME OF FATHER William Farlow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Jackson Co. Mo
12. MAIDEN NAME OF MOTHER Carrie Elvington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Canada

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? Laboratory + Clinical
 (Signed) William, M. D.
Jan 8 1931 (Address) 10301 Indep av NC MO

14. INFORMANT Ray L Coonce
 (Address) 9520 East 14th Indep. Mo.
15. FILED 1-8 1931 FR Cook
 REGISTRAR

***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 Wt Washington Indep 9 1931
DATE OF BURIAL
20. UNDERTAKER Paul Mitchell
ADDRESS 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.

FEB 23 1931

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