

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

Do not use this space.

2782421

1. PLACE OF DEATH

County Cole
Township Jefferson
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 6, St. Ward. Malden Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Harriet Weiss

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26 - 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 4 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) no state of highway
(c) Name of employer McLain Bros Ill

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

10. NAME OF FATHER Jesse Coker

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

12. MAIDEN NAME OF MOTHER Wickman

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

14. INFORMANT Mrs Escogiers
(Address) 624 Jefferson

15. FILED 8/18/31 REGISTRAR J. V. Bell

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1931, to Aug 17, 1931 that I last saw him alive on Aug 17, 1931, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever
(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Heart stops for bowel
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Malden Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Culture
(Signed) W. A. C. M. D.

8.18.1931 (Address) Jefferson 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 DATE OF BURIAL

River View Aug 19 1931

20. UNDERTAKER Lawson Taine ADDRESS Jefferson City 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 22 1931

