

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

Do not use this space.

31661

1. PLACE OF DEATH

County Jefferson
Township Rock
City Rock (No.)

Registration District No. 423
Primary Registration District No. 5528

File No. 37
Registered No.
St. Ward

2. FULL NAME

Coy Satterfield

(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>Male</u>	4. COLOR OR RACE <u>Colored</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>None Satterfield</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 19 - 1899</u>		
7. AGE	YEARS	MONTHS
<u>abt 32</u>	<u>11</u>	<u>1</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Laborer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Coroner's Office that I last saw him alive on Sept 19, 1931, and that death occurred, on the date stated above, at Rock, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Crushed chest with fracture of all ribs left side. Injuries suffered in automobile accident (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Automobile accident (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED on U.S. Highway #61 IF NOT AT PLACE OF DEATH at Rock, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF — WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Walter E. Gibson, M. D.
, 1931 (Address) Coroner's Office, Rock, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER Empire Meeks

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

14. INFORMANT: Mr. Mona Satterfield (Address) 2708 Wash. St.

15. FILE NO. 20 1931 REGISTRAR A. M. Ebel

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Louis Mo DATE OF BURIAL Sept 22 1931

20. UNDERTAKER C. Young ADDRESS 4x rd Newberry

100-24100

PARENTS

APR 2 1957

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jefferson Registration District No. 423 File No.
 Township Rock Primary Registration District No. 5-5-18 Registered No. 37
 City No. St. Ward)

2. FULL NAME

(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 m 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

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

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

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) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED Am. Chl REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/20 19 31

17. I HEREBY CERTIFY That I attended deceased from that I last saw h..... alive 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS

Crushed chest with fracture of all ribs left side & injuries suffered in auto wreck
 INTERNAL HEMORRHAGE
 COLLISION WITH ANOTHER AUTO

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... 210

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D
 , 19 (Address)

*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

20. UNDERTAKER ADDRESS

THESE SHALL NOT RECEIVE A FEE FOR CERTIFICATE

SUPPLEMENTARY

S-31662