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

Do not use this space.

37177

File No.
Registered No. 50

1. PLACE OF DEATH
County Clinton
Township Shoal
City Cameron (No. , St. Ward)

Registration District No. 204
Primary Registration District No. 3013

2. FULL NAME Laura Belle Coon

(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.

DEC 21 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Nov. 12 - 1930

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	23	

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

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

PARENTS
10. NAME OF FATHER Alvin E. Coon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cameron
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mamie Simpson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wildie
(STATE OR COUNTRY) Ky.

14. INFORMANT Alvin E. Coon
(Address) Cameron Mo

15. FILED 11/16, 1931 C. H. Risley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5 1931

17. I HEREBY CERTIFY, That I attended deceased from June 8th, 1931, to Nov 4, 1931, that I last saw her alive on Nov 4 1931 and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis
151C
91B
(duration) yrs. mos. 14 ds.
CONTRIBUTOR (SECONDARY) Bilateral Otitis Media 8 mo. mastoiditis (left) 6 wks.
Congenital Pulmonary Stenosis.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. Thompson M.D.
11/6, 1931 (Address) Cameron 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
Greenland Cem.	Nov 7 1931
20. UNDERTAKER	ADDRESS
J. A. Roland	Cameron