

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

Do not use this space.

40281
40-191

1. PLACE OF DEATH

County Butler Registration District No. 90
Township Ash Hill Primary Registration District No. 5734C
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Wm. W. Coonce
(a) Residence, No. _____ St. _____ Ward Brosley
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 .1931

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Dec 15, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1898 Est

I last saw him alive on Dec 15, 1931. Death is said to have occurred on the date stated above, at 1 P. m.

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

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Diabetes
Date of onset _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:
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10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

13. NAME E. W. Coonce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Carrie Cleverger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 3 see -

17. INFORMANT J. V. Coonce (ADDRESS) Brosley R.R. # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Wool Hill DATE 12-16 .1931

19. UNDERTAKER Franklund & Co. (ADDRESS) Poplar Bluff Mo.

20. FILED 12-20 .1931 Mrs J Smith Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) I. M. Barnett M. D.
(Address) Poplar Bluff Mo.

JAN 18 1934

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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