

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

Do not use this space.

4450

1. PLACE OF DEATH

47 County Henry Co Registration District No. 355 File No. _____
Township Walker Primary Registration District No. 5498 Registered No. 2
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Ida Irena Coonrod

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>D. J. Coonrod</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 20-1865</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>4</u>
	DAYS <u>12</u>	IF LESS THAN 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>335</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeper</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec 1931</u>	11. Total time (years) spent in this occupation <u>all his life</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carlinville, Ill.</u>	
	13. NAME <u>Robert B. Clark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Mitchel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	17. INFORMANT <u>O. O. Coonrod</u> (ADDRESS) <u>Clinton MO</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopewell, Can.</u> DATE <u>2-7-1932</u>	
	19. UNDERTAKER <u>Ed Culver</u> (ADDRESS) <u>Butler MO</u>	
	20. FILED <u>2-8 1932</u> <u>WE Baggerly MD</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 2, 1931, to Feb 1, 1932
I last saw him alive on Feb 1, 1932. Death is said to have occurred on the date stated above, at 8:50 p.m.
The principal cause of death and related causes of importance were as follows:
CardioDecompensation (Date of onset 8-2-32)
920
950
920
920
Other contributory causes of importance:
Valvular lesion (1)

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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? no
If so, specify _____
(Signed) D. H. Smith, M. D.
(Address) Ulrich, MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 22 1932

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