

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

Do not use this space.

4663

518

1. PLACE OF DEATH  
 County Jackson Registration District No. 309  
 Township Raw Primary Registration District No. 100  
 City Kansas City (No. 3806 East 67th St. Terrace) (Ward)

2. FULL NAME Miss Dolores Coones  
 (a) Residence, No. 3806 E. 67th Ave. St. 16 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 15-1909

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>22</u>	<u>1</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator <sup>127</sup>  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Telephone Co.  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Cassville (STATE OR COUNTRY) Missouri <sup>1</sup>

13. NAME M. H. Coones

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

15. MAIDEN NAME Nella Hatcher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Nella Coones (ADDRESS) 3806 East 67th St. Terr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE Wed. 10-10-32

19. UNDERTAKER D. H. Newcomer's Sons (ADDRESS) Kansas City, Mo.

20. FILED 2-9-32 19 3:30 P.M. Coones asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1932

22. I HEREBY CERTIFY, That I attended (deceased from) April 13, 1931, to Feb-8, 1932  
 I last saw her alive on Feb-6, 1932 Death is said to have occurred on the date stated above, at 6:55 A.M.

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation..... (1) 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 No.  
 (Signed) [Signature], M. D.  
 (Address) 713 West 4th St.  
Kansas 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.

COPY WITH ENCLAVING INK—THIS IS A PERMANENT RECORD

713 Medical Arts Bldg.

1-3:30