

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

Do not use this space.

5903

1. PLACE OF DEATH

94 County St. Francois Registration District No. 779
Township Randolph Primary Registration District No. 6074A
City St. Francois (No. _____, St. _____ Ward)

2. FULL NAME Emaline Coyles

(a) Residence, No. St. Francois St. _____ Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., 18/61 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 <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marian Coyles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9, 1860</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>9</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Missouri</u>	13. NAME <u>Jacob Lewis</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Pally Martini</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>W. A. Coyles</u> (ADDRESS) <u>Centwell Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ellington Mo</u> DATE <u>March 1, 1932</u>		
19. UNDERTAKER <u>R. Z. Bayer</u> (ADDRESS) <u>Deatage Missouri</u>		
20. FILED <u>2-29-1932</u> <u>R. B. Rustler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to 2-28, 1932

I last saw him alive on 2-28, 1932—Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 2/27/32

Influenza, Acute Bronchitis, & Chronic Asthma 2/11/32

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? (D) 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? No
If so, specify _____
(Signed) W. M. Tuller, M. D.
(Address) Deatage 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 25 1932

