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.

MAY 28 1932

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

Do not use this space.

11881

1. PLACE OF DEATH

17 County Carroll. Registration District No. 135

Township Moss Creek Primary Registration District No. 5190

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 33

2. FULL NAME Jessie Donald Coates

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.

4. COLOR OR RACE White

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24/1932

7. AGE — YEARS — MONTHS — DAYS 3 ~~15~~ If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Carroll County. 1

FATHER

13. NAME J. A. Coates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates City Mo.

MOTHER

15. MAIDEN NAME Gracie Bell Coates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

17. INFORMANT (ADDRESS) J. A. Coates Norborne Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Grand Pass. DATE 4/30/32. 19

19. UNDERTAKER (ADDRESS) Welch & Minnis Norborne Mo.

20. FILED 4-29 1932 Mrs E. E. Farnham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1932, to Apr. 27, 1932

I last saw him alive on April 27, 1932. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Probably cerebral hemorrhage (Died in convulsions)

Date of onset

160B / 160B

Other contributory causes of importance:

(1)

Name of operation none Date of .....

What test confirmed diagnosis? Clinical 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) E. H. Musson, M. D.

(Address) Norborne Mo.