

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

Do not use this space.

13482

1. PLACE OF DEATH
 80 County Cottis Registration District No. 667
 Township La Monte Primary Registration District No. 4400
 City La Monte (No. 3888) Registered No. 15 Ward _____
 2. FULL NAME Robert L. Coose
 (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. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena H. Coose</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 18 = 1958</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>1</u>	<u>3</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer 93</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>95</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>10 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 2</u>				
MOTHER	13. NAME <u>Loell Brown Coose</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
	15. MAIDEN NAME <u>Loell Brown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 31</u>			
17. INFORMANT <u>Harold Coose</u> (ADDRESS) <u>La Monte Mo</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Rollsbury</u> DATE <u>April 28, 1932</u>				
19. UNDERTAKER <u>B. F. Oarney</u> (ADDRESS) <u>La Monte Mo</u>				
20. FILED <u>4/22, 1932</u> <u>B. F. Oarney</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Apr 19, 1932 to Apr 21, 1932
 I last saw him alive on Apr 21, 1932 Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
Degenerative myocarditis 1930
only saw him 3 days before he died. history of heart trouble
 Other contributory causes of importance:
Trenchitis 4-10-32
P. J. C.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Heart 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? _____
 If so, specify _____
 (Signed) H. E. Walker, M. D.
 (Address) La Monte 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.

MAY 26 1932

