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.

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

Do not use this space.
16196

File No.
Registered No. 1089

1. PLACE OF DEATH
County Jackson
Township Raw.
City Kansas City (No. 717 W. 16th St. 1002 Ward)
Registration District No. 399
Primary Registration District No.

2. FULL NAME Susan Coyle.
(a) Residence, No. 717 W. 16th St., 1 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: Fe.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo. Coyle.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 6-1849
7. AGE: Years 83 Months 4 Days 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): Stoddard Co. Mo.

FATHER
13. NAME: Aaron Quick.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo.

MOTHER
15. MAIDEN NAME: Catherine Cross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo.

17. INFORMANT (ADDRESS): Geo. Coyle. 717 W. 16th
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE May 18 1932
19. UNDERTAKER (ADDRESS): Taylor Funeral Home K. C. Mo.
20. FILED 5/17 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2 Sun.

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May. 15. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1932, to May 14, 1932.
I last saw h. alive on May 14, 1932. Death is said to have occurred on the date stated above, at 6.15 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset: unknown
59
98B (1) 59

Other contributory causes of importance:
Lobarite Cosma with Gangrene of right foot. non.
Name of operation: none Date of
What test confirmed diagnosis? Urine 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) T. O. Bagby, M. D.
(Address) 215 Westport Bldg. Kansas City, Mo.

[illegible]