

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

34593

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County North Allen
Township Allen
City _____ (No. _____)

Registration District No. 905
Primary Registration District No. 6216

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 7 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) North Co., Mo. (STATE OR COUNTRY) 1

10. NAME OF FATHER Samuel Coekin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana (STATE OR COUNTRY) 2
12. MAIDEN NAME OF MOTHER Elizabeth Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana (STATE OR COUNTRY) 3

14. INFORMANT J. P. Brown (Address) Denver, Mo.

15. FILE NO. 10-32 Mrs. Mary Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 4 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1932, to Oct 4, 1932 that I last saw him alive on Oct 4, 1932 and that death occurred, on the date stated above, at Oct 4, 1932 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
131
87A (duration) yrs. mos. ds. 1

CONTRIBUTORY (SECONDARY) Bright's Disease

(duration) yrs. mos. ds. 0

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Lucius L. Long, M. D.

, 19 (Address) Denver, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Long Star 10/5 1932

20. UNDERTAKER ADDRESS

Brown Bros Denver, Mo.

