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.

SEP 26 1933

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

Do not use this space.

28619

1. PLACE OF DEATH
County Vernon
Township Wash
City Nevada
Registration District No. 875
Primary Registration District No. 6162
File No.
Registered No. 178
(No. , St. Ward)

2. FULL NAME Geo J. Coon
(a) Residence, No. State Hosp #3 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. 5 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Geo J. Coon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1858

7. AGE YEARS 75 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Wm. Coon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Ind

MOTHER
15. MAIDEN NAME Emma Strand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Ind,

17. INFORMANT (ADDRESS) Mrs Geo J Coon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warsaw, Mo. DATE Aug 18 1933

19. UNDERTAKER (ADDRESS) Allen V. Kaye Nevada Mo.

20. FILED 8-23 1933 E. R. King Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 22 1933, to Aug 17, 1933
I last saw him alive on Aug 17, 1933. Death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Arteriosclerosis | 7 |
| 936 | |
| 97 | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Myocarditis | 7 |

Name of operation 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) Laurence L. Cooper, M. D.
(Address) Nevada, Mo