

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

37756

1. PLACE OF DEATH
 County St. Louis Registration District No. 289
 Township Normandy Primary Registration District No. 6033B
 City Normandy (No. 7230 Henderson Drive) St. _____ Ward _____

FULL NAME Missouri Boyd Coe
 (a) Residence, No. 7230 Henderson Drive, Ward _____ (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry L. Coe</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August-31-1875</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>2</u>	DAYS <u>10/2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>Atchinson Kansas</u>				
FATHER	13. NAME <u>Cap't John J. Boyd</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York N.Y.</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Case</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT <u>Harry Lewis Coe</u> (ADDRESS) <u>7230 Henderson Drive</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Normandy, Mo</u> PLAC <u>Valhalla Crematory Nov 14 1933</u>				
19. UNDERTAKER <u>C. P. Lupton & Sons</u> (ADDRESS) <u>4449 Olive Street</u>				
20. FILED <u>11/12/33</u> Registrar <u>W. H. Hale</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 11th - 1933</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept-2-1932</u> to <u>Nov-11th-1933</u> I last saw <u>her</u> alive on <u>Nov-11th-1933</u> Death is said to have occurred on the date stated above, at <u>10:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of colon</u> Date of onset _____ <u>myositis</u> Other contributory causes of importance: _____ Name of operation <u>Resection of bowel</u> Date of <u>10/22/33</u> What test confirmed diagnosis? <u>Biopsy</u> Was there an autopsy? <u>Yes</u>	
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) <u>W. H. Hale</u> , M. D. (Address) <u>4903 Delmar</u>	

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.

4901 Delmar Blvd

Ro 1471

1-4 Pm