

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

Do not use this space.

40572

JAN 26 1934

1. PLACE OF DEATH  
54 County Lafayette Registration District No. 461  
6 Township Lafayette Primary Registration District No. 3024  
4 City Lexington, Mo. (No. 218 North 24)  
2. FULL NAME Bettie Coates  
(a) Residence, No. 218 North 24 St., ..... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 35 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 104  
Registered No. ....  
St. .... Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan Coates  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 2 21

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5, 1933  
22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1933, to 12-5, 1933  
I last saw h. alive on 12-4, 1933. Death is said to have occurred on the date stated above, at 10 a.m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year) February 1933 11. Total time (years) spent in this occupation.....

Pul. Tuberculosis Date of onset 1931  
Chr. Cystitis  
Other contributory causes of importance Ref. 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
13. NAME Jackson Johnson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Melinda Smith  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation ..... Date of .....  
What test confirmed diagnosis? cl. & sed. Was there an autopsy? no

17. INFORMANT (ADDRESS) Marcel Perry  
R. P. T. Order  
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Home DATE Dec. 7, 1933  
19. UNDERTAKER (ADDRESS) Wiley & Groves  
116 South Street  
20. FILED Dec. 6, 1933 J. B. Bull Registrar.

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 James E. Polite, M. D.  
(Signed) James E. Polite  
(Address) 1120 N. 12th St.,  
St. Louis, Mo.

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.

