

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

Do not use this space.

16141

1. PLACE OF DEATH  
 County Cole Registration District No. 211  
 Township Marion Primary Registration District No. 5291  
 Precinct Elston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

MAY 15 1934

FULL NAME Dr. Louis Coon  
 (a) Residence. No. Cole County Infirmary Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira Puckett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>4</u>	<u>20</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farm Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) At present a pauper  
 (c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1934

17. I HEREBY CERTIFY, That I attended deceased from January, 1933, to May 3, 1934 that I last saw him alive on May 2, 1934, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis

(duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 930  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Iowa

10. NAME OF FATHER John Coon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Lizzie Houston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Richland Iowa

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) H. T. Leach M. D.  
 , 19 (Address) Elston Mo.

14. INFORMANT Records Cole County Infirmary  
 (Address) Elston Mo.

15. FILED 5/3 19 34 H. T. Leach M.D. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
City Cemetery Jefferson City, Mo. May 7 1934

20. UNDERTAKER ADDRESS  
J. S. Lamm Jeff. City, Mo.  
J. Sullivan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state OCCUPATION in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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