

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

Do not use this space.

16144

File No. 139
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Cole
Township Jefferson
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

2. FULL NAME

(a) Residence, No. 503 1/2 Melrose St. Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF King Coats

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Mo

13. NAME No information

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

15. MAIDEN NAME No

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

17. INFORMANT (ADDRESS) The Mary Christian

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pleasant DATE May 5 1934

19. UNDERTAKER (ADDRESS) Lawson Taylor

20. FILED 5-4-1934 Lobeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from April 21, 1934 to May 3, 1934
I last saw him alive on May 3, 1934. Death is said to have occurred on the date stated above at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Body lacer 150
Pneumonia 625
Pneumonia 109A

Date of onset _____
24.

Other contributory causes of importance: _____

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~~ homicide? _____ Date of injury May 3 1934

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury oil in hand exploded
Nature of injury Body lacer

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Henry A. Taylor M. D.
(Address) Jefferson City Mo

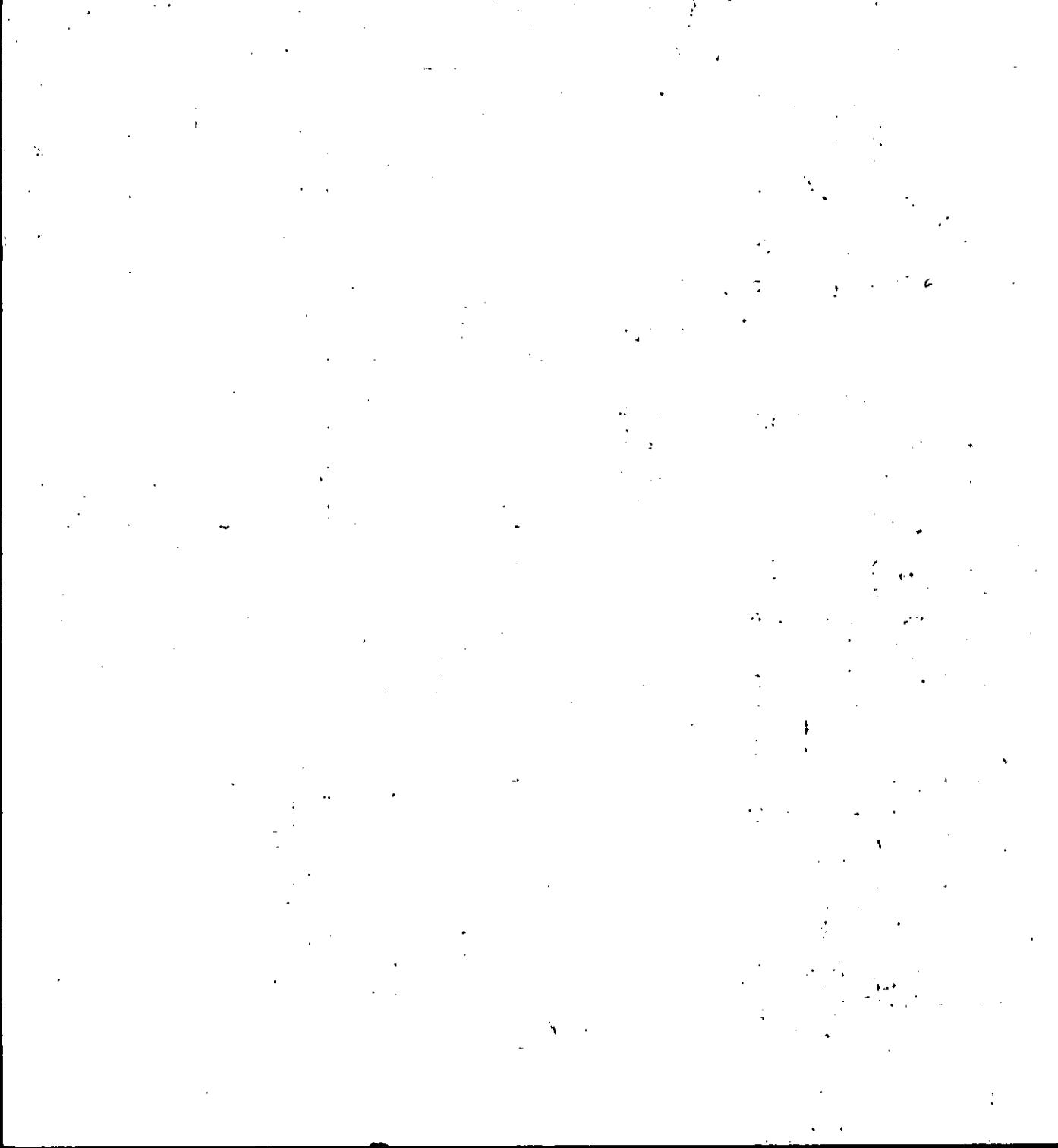
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1934

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Jefferson City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Violet Georgia Coats

Who died at _____ on May 3 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 49 Months 10 Days 13

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Gasoline stove exploding, burning patient (House did not burn)

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Burn Date of injury _____, 19 _____

Where did injury occur? F
(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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Dr. Leon Taylor

Address of physician _____

Signature of Registrar E. T. McLaugh M.D. Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 213

Very truly yours,

E. T. McLaugh

State Registrar

Special Agent.

Primary Reg. Dist. No. 3014

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