

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

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.

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

Do not use this space.

JAN 11 8 1935

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5150

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo. No. 2415 Bales St. _____ Ward _____

2. FULL NAME Mrs. Rebecca C. Coen
 (a) Residence, No. 2415 Bales St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Coen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1846

7. AGE YEARS <u>88</u>	MONTHS <u>6</u>	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION
 8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. Retired
 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) Indiana

FATHER
 13. NAME John Riske
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Caron Stubbs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Allie Senior
 (ADDRESS) 2415 Bales, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Dec. 20-34
K.C. Mo.

19. UNDERTAKER C.H. Blackman & Son, Inc.
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 12/20/34 M. M. Brown Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1934 to Dec 18, 1934, 1934
 I last saw him/her alive on Dec 18, 1934, 1934. Death is said to have occurred on the date stated above, at 8:20 PM
 The principal cause of death and related causes of importance were as follows:
Cancer of uterus Date of onset May 1934
hemorrhage July 1934
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clin 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) Fred H Evans, M. D.
 (Address) 804 Apple Reg.

