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.

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

Dr Cowen

FEB 26 1935

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

Do not use this space.

4830

29

1. PLACE OF DEATH
County: Dade — Registration District No. 238
Township: Cedar — Primary Registration District No. 5326
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME: Jane E. Coyne

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (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: F.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Patrick Coyne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1844

7. AGE: Years 90 — Months 9 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adams Co. Ohio

FATHER

13. NAME: John A. Smiley

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER

15. MAIDEN NAME: Nancy Ann Cornelius

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT: Miss Rosa Coyne
(ADDRESS) Lockwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Edgar Cemetery DATE: Feb 12, 1935

19. UNDERTAKER: E. Ray Caldwell
(ADDRESS) Lockwood, Mo.

20. FILED: 2-14, 1935 J. C. Wren, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw her alive on Feb 11, 1935. 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:

	Date of onset
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) H. O. Cowan, M. D.
(Address) Greenfield, Mo.