

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

Do not use this space.

MAR 26 1935

5746

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Joplin Primary Registration District No. 2902  
 City Joplin (No. 262) Joplin St. 9 Ward)

**2. FULL NAME**

Harry Frank Coolbaugh  
 (a) Residence, No. 2602 Joplin St., Joplin 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1933

7. AGE YEARS MONTHS Days If LESS than 1 day, ..... hrs. or ..... mls.  
1 7 2

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

13. NAME Frank Coolbaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creve Coeur Mo.

15. MAIDEN NAME Annie McKelley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oliver Mo.

17. INFORMANT (ADDRESS) Jasper Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Memorial Co. DATE 2-9-35 1935

19. UNDERTAKER (ADDRESS) St. Memorial Co.

20. FILED 2-9-35 1935 - Ed Djarner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1935, to Feb 8, 1935

I last saw him alive on Feb 8, 1935. Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Myeloblastosis (leukemia) Date of onset 2-5-35

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) J. A. Adenowith, M. D.

(Address) Joplin 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.

J. A. Adenowith

1-1-2

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

