

JUN 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County Fringston Registration District No. 508
Township Primary Registration District No. 3026
City Chillicothe (No.) St. Ward) (No.) Ward)

File No. 17055
Registered No. 63

2. FULL NAME Jewell Lemmie Coburn

(a) Residence, No. 2 mi S-E Wheeling Mo Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-12-1898

7. AGE YEARS 36 MONTHS 11 DAYS 4 IF LESS than 1 day, hrs. or min.

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

FATHER 13. NAME W. H. Coburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Avalon Mo.

MOTHER 15. MAIDEN NAME Sarah J. Appelfberg

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

17. INFORMANT (ADDRESS) Ethel Coburn Wheeling Mo R. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Chula DATE 5-28-35

19. UNDERTAKER (ADDRESS) F. B. Norman Chillicothe Mo.

20. FILED May 27, 1935 Donald M. Lovell M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1935, to May 26, 1935. I last saw him alive on May 26, 1935. Death is said to have occurred on the date stated above, at 1:40 p. m. The principal cause of death and related causes of importance were as follows:

Fracture of Skull Date of onset May 25-1935

Other contributory causes of importance: NO 20

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5/25, 1935
Where did injury occur? Chillicothe Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Highway
Manner of injury struck by Truck
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....

(Signed) A. Collier, M. D.

(Address) Chillicothe 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.

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

Do not use this space.

1. PLACE OF DEATH

County: Livingston Registration District No. 2508 File No. _____
 Township: _____ Primary Registration District No. 23026 Registered No. _____
 City: Phillipscocher No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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)

Jewel Lemmon Coburn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE Gr. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1898

7. AGE YEARS MONTHS DAYS If LESS than day hrs. min.

OCCUPATION
 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)

MOTHER / FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19__

19. UNDERTAKER (ADDRESS)

20. FILED July 25, 1935 Lowell W. Danell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1935

I HEREBY CERTIFY, That I attended deceased from May 25, 1935, to May 26, 1935.
 I last saw him alive on May 26, 1935. Death is said to have occurred on the date stated above, at 1:40 p.m.

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

Date of onset

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) _____, M. D.

(Address) _____

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

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