

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

Do not use this space.

26413

1. PLACE OF DEATH

County Jackson
Township Franklin
City Kansas City (No. 1907)

Registration District No. 305
Primary Registration District No. 1002

File No. 3160
Registered No. 3460
St. _____ Ward _____

2. FULL NAME

John W. Coonce
(a) Residence, No. 2517 Belford 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Coonce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 30, 1876</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>9</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	
	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) <u>Versailles Mo</u>		
FATHER	13. NAME <u>Henry Coonce</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Rebecca Merritt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>James G. Galloway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brentwood</u> DATE <u>8/10</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Gorman</u>		
20. FILED <u>8-9</u> 19 <u>35</u> <u>M. M. Crowe</u> asst Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10/35, 1935

22. I HEREBY CERTIFY That I attended deceased from _____, 1935 to _____, 1935.
I last saw him _____ alive on _____, 1935. Death is said to have occurred on the date stated above at _____ m.
The principal cause of death and related causes of importance were as follows:
Myocardial infarction
Arteriosclerosis
Chronic bronchitis
Subpulmonary emphysema
Other contributory causes of importance:
None

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 _____, 1935.
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) [Signature], M. D.
(Address) [Signature]

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.

