

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.

FEB 20 1936

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

Do not use this space.

27331-A

1. PLACE OF DEATH
 County Boek Registration District No. 705
 Township _____ Primary Registration District No. 5934
 City Buffalo (No. _____) St. _____ Ward _____
 2. FULL NAME Rebecca Coker
 (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 H 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Coker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 - 1853
 7. AGE YEARS 81 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) Arkansas
 FATHER 13. NAME Barney Cagon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT J. Coker
 (ADDRESS) Buffalo Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Black Cem. DATE 8-12-1935
 19. UNDERTAKER H. B. Jones
 (ADDRESS) Buffalo Mo.
 20. FILED 1-18 1936 Mary Samuel
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11 1935
 22. I HEREBY CERTIFY, That I attended deceased from 8-7 1935 to _____ 19____
 I last saw him alive on 8-7 1935 Death is said to have occurred on the date stated above, at 11:30 m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset 286
Arthritis 1930
 Other contributory causes of importance:
 Name of operation none 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) St. Clemens M. D.
 (Address) Buffalo Mo

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