

NOV 23 1935

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

Do not use this space.

30027

1. PLACE OF DEATH

County Linn Registration District No. 498
Township _____ Primary Registration District No. 4301
City Bucklin (No. _____) St. _____ Ward _____

2. FULL NAME Roberta Linn Coaley

(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. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25, 1935</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>1</u>
	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Mo. Missouri

13. NAME John H. Coaley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bever, Missouri

15. MAIDEN NAME Ruby Kinsaid

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bever, Missouri

17. INFORMANT Rosa Coaley
(ADDRESS) Bucklin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bever DATE Sept 22

19. UNDERTAKER G. A. Perry
(ADDRESS) Paris, Mo.

20. FILED 9-22, 1935 J. L. Cantwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1935
22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1935, to 9/21, 1935
I last saw her alive on 9/21, 1935. Death is said to have occurred on the date stated above, at 8:35 P.M.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis
11-98
Other contributory causes of importance:
Uremic Poisoning
Chr. Gastroenteritis
Rickets

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

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? No
If so, specify _____
(Signed) D. J. Green M. D.
(Address) Bucklin, Mo.

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

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.

