

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.

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

Do not use this space.

33208-u

JAN 21 1936

**1. PLACE OF DEATH**

County Lavernce Registration District No. 469 File No. 28  
 Townshp Lincoln Primary Registration District No. 5630 Registered No. 28  
 City Miller (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19-1935

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

22. I HEREBY CERTIFY, That I attended deceased from 10-17-1935 to 10-19-1935  
 I last saw h. E alive on 10-17-1935. Death is said to have occurred on the date stated above, at 1:10 A. m.  
 The principal cause of death and related causes of importance were as follows:  
mitral stenosis Date of onset \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-26-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 6 23

Other contributory causes of importance: \_\_\_\_\_

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) N. Missouri (STATE OR COUNTRY)

13. NAME Jacob Coon

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

15. MAIDEN NAME Jane Patton

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

17. INFORMANT Mr. J. Morgan (ADDRESS) Richwood R. R. #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE 10-20-1935

19. UNDERTAKER Morris & Leiman (ADDRESS) Miller Springfield

20. FILED 1-10 19 3580 W. S. Bruney Registrar

Name of operation Exstomus 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) W. S. Bruney, M. D.  
 (Address) Miller

