

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.

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

Dr. Schowling.
Do not use this space.
1931
File No. 17
Registered No. 8

FEB 19 1936

1. PLACE OF DEATH

County Jefferson Registration District No. 464
Township Washington Primary Registration District No. 4277
City Adrian Mo (No. St. Ward)

2. FULL NAME Adaline Coates

(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 19 yrs. mos. 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>Widowed</u>
5A. IF MARRIED (WIDOWED, OR DIVORCED) HUSBAND OF (OR) WIFE OF <u>Franklin Coates</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 9-1849</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>2</u>
	DAYS <u>1</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>Retired</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>Ill.</u>		
FATHER	13. NAME <u>Tubb.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Rolly Boley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFANT (ADDRESS) <u>J. E. Coates</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adrian Cem.</u> DATE <u>1-12</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Blaine Hans</u>		
20. FILED <u>1-10</u> 19 <u>36</u> <u>Wm E. M. Goodwin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1935 to Jan 6 1936
I last saw him alive on Jan 6 1936. Death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis (Date of onset:) 1935

Other contributory causes of importance:
Emphysema

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

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) R. Schowling, M. D.
(Address) Adrian Mo

