

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

Do not use this space.

APR 16 1936

**1. PLACE OF DEATH**

County Callaway  
Township Fulton  
City Fulton (No. \_\_\_\_\_)

Registration District No. 104  
Primary Registration District No. 3008

File No. 9549  
Registered No. 90  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Hugh Coil

(a) Residence, No. State Hospital St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 9 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>Divorced.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Ada Coil, Mexico Mo.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 28 - 1959</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>5</u>	DAYS <u>15</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</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) Perry, Mo.

13. NAME W.H.

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

15. MAIDEN NAME OK.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK.

17. INFORMANT Records State Hospital  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Madonia Mt DATE Mar. 16 1936

19. UNDERTAKER H.A. Preech of Son  
(ADDRESS)

20. FILED 3/14/1936  
W. H. Coils  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11 1935, to 3 - 14 1936  
I last saw him alive on 3 - 14 1936 Death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

Bilateral Lobar Pneumonia Date of onset 3-12-36  
Grv. arteriosclerosis  
hypertension  
chr. nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Richard B. Bridgeman, M. D.  
(Address) Fulton, Mo.

