

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

Do not use this space.

MAY 15 1936

1. PLACE OF DEATH

County Adair
Township _____
City Kirksville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. 18416
Registered No. 98
St. _____ Ward _____

2. FULL NAME Ida Bell Coons

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sig Coons (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17th, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>1</u>	<u>19</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>	11. Total time (years) spent in this occupation <u>Life</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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Connard Caster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Sarah Caselman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Oliph Coons (ADDRESS) Queencity Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Myers Cemetary DATE May 8th 1936

19. UNDERTAKER Wm. N. West (ADDRESS) Queencity Mo.

20. FILED 5/7 1936 Spencer Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1936 to May 6th 1936
I last saw h. alive on May 6 1936. Death is said to have occurred on the date stated above, at 4:30 m.

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

Influenza Date of onset _____

Other contributory causes of importance:

Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical & lab 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) Geo. F. Sured, M. D.
(Address) Kirksville Mo.

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.

