

JUL 26 1937

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

Do not use this space.

23058

1. PLACE OF DEATH
 County Audrain Registration District No. 26
 Township Cooter Primary Registration District No. 3002
 City Mexico, Mo. (No. Audrain Hospital) St. _____ Ward _____

2. FULL NAME William Henry Coil
Benton City Mo. St. _____ Ward _____
 (a) Residence, No. _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF Lois H Coil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
59 4 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker 13

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) June 5, 1937 11. Total time (years) spent in this occupation 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28 1937 to June 10 1937
 I last saw him alive on June 10 1937 Death is said to have occurred on the date stated above, at 5:A m.

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

Auricular Fibrillation

Other contributory causes of importance:
Following prostatectomy operation

Name of operation Prostatectomy Date of 6-8-37

What test confirmed diagnosis? Operation 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) Paul C. Coil, M. D.

(Address) Mexico Mo.

12. BIRTHPLACE (CITY OR TOWN) Audrain County
 (STATE OR COUNTRY) MO.

13. NAME George A Coil

14. BIRTHPLACE (CITY OR TOWN) Audrain Conty
 (STATE OR COUNTRY) MO

15. MAIDEN NAME Elizabeth Roamans

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

17. INFORMANT Noisic H Coil
 (ADDRESS) Benton City Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Benton City Mo. DATE 6-12, 1937

19. UNDERTAKER H A Precht & Son
 (ADDRESS) Mexico Mo.

20. FILED June 11, 1937 Blanche Neely
 Registrar

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Andrain Registration District No. 26 File No. 23058
Township..... Primary Registration District No. 3002 Registered No. 74
City Mexico (No. St. Ward)

2. FULL NAME

William Henry Coil

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 8

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED June 11, 1937 Blanche Keely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-1937

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

I last saw h..... alive 19..... Death is said to have occurred on the date stated above, at..... m.

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

Arteriosclerotic Fibrillation Date of onset

Other contributory causes of importance:
Following Prostatectomy operation

Construction of urethra

Name of operation Prostatectomy Date of operation

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) Paul E. Coil, M. D.

(Address) Mexico mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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