

AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Perry
Township Saline
City (No. _____) _____

Registration District No. 662
Primary Registration District No. 5850

File No. 28038
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Jesse V. Coline
(a) Residence, No. _____ St. _____ Ward _____
(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. (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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary L. Coline</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12 1873</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>4</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>Farmer</u>	
	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>Perry Co. Mo.</u>		
FATHER	13. NAME <u>Emil P. Coline</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Walker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Thurman Coline</u> <u>Creston Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Hope</u> DATE <u>July 29, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Galvin & Sons</u> <u>Perryville Mo.</u>		
20. FILED <u>7-28</u> 1937 <u>J. D. DeKorn</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1937

22. I HEREBY CERTIFY that I attended deceased from July 25 1937, to July 27th 1937. I last saw him alive on July 27th 1937. Death is said to have occurred on the date stated above, at 3:15 p.m. The principal cause of death and related causes of importance were as follows:
Intermittent - Malaria
29 yrs
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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) M. H. Parker, M. D.
(Address) Perryville, 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.

