

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

Do not use this space.

1. PLACE OF DEATH

24 County Clay
2 Township Exelsior Springs
1 City Exelsior Springs (No.)

Registration District No. 198
Primary Registration District No. 3011

File No. 82432
Registered No.
St. Ward)

2. FULL NAME

John William Coen 500
(a) Residence, No. 575 Benton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. 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 Lilly Mae Coen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1869
7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min. 5 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery merchant
9. Industry or business in which worked, as one, as silk mill, saw mill, bank, etc. grocery
10. Date deceased last worked at this occupation, month and year Feb 23 1938
11. Total time (years) spent in this occupation.

12. PLACE (CITY OR TOWN) (STATE OR COUNTRY) New Maysville Mo

13. NAME David Coen

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

15. MAIDEN NAME Margaret Henderson

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

17. INFORMANT S. J. Coen
(ADDRESS) London City Mo

18. BURIAL, CREMATION, OR REMOVAL maison
PLACE maison DATE Jan 15 1938

19. UNDERTAKER Clayde P. Richard
(ADDRESS) Exelsior Springs Mo

20. FILED Jan 15 1938 Exelsior Springs Mo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 - 1938

22. I HEREBY CERTIFY That I attended deceased from 12-28 - 1937, to 1-13 - 1938
I last saw him alive on 1-13 - 1938. Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 12-28 1937

Other contributory causes of importance:
Hypertension with Hypochloremic Paralysis of Leg also not known

Name of operation none Date of 1-13-38
What test confirmed diagnosis? clinical exam there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 1-13-38, 19...
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.

(Signed) H. J. Clark M. D.
(Address) Exelsior Springs 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.

RECEIVED
FEB 23 1938
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MISSOURI STATE BOARD OF HEALTH

