DEC 6 MAR 24 1936

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

Do not use this space.

1. PLACE OF DEATH
County Saline
Township Marshall
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 6039

File No. 8272
Registered No. 31

2. FULL NAME Edd Coker 2 C 3

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

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

7. AGE: YEARS About 80 | MONTHS ✓ | DAYS ✓ | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mercer County Mo.

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) J. M. Coker St Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Saline Co. Home DATE Feb. 19, 1938

19. UNDERTAKER (ADDRESS) Campbell-Lewis Funeral Home Marshall, Mo.

20. FILED 2-19-1938 Mary Kent Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Feb 17, 1938
I last saw h. alive on Feb 1, 1938. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 1
Hemiplegia	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) [illegible], M. D.
(Address) Marshall 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.