

REC'D MAY 9 1938

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

13798
Do not use this space.

4778

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kay Primary Registration District No. 1002 Registered No. 4778
(c) City Kennett City (d) Street No. Trinity Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Trinity Hosp 30th Wyandotte Edgerton Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Marie Justice Coakle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Missouri

FATHER 13. NAME Marshall Coakle

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

MOTHER 15. MAIDEN NAME Margaret Ferguson

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

17. INFORMANT (ADDRESS) C. E. Coakle Edgerton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kenilworth Cem. DATE Apr 28 1938

19. FUNERAL DIRECTOR (ADDRESS) William Davis Edgerton Mo.

20. FILED Apr 27 1938 M. M. Coakle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26/38

22. I HEREBY CERTIFY, That I attended deceased from Edgerton Mo.

I last saw h. alive on 9:30 A, 1938. Death is said to have occurred on the date stated above, at 9:30 A m.

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

Carcinoma of the stomach
Arteriosclerotic heart disease
4613

Other contributory causes of importance:

Name of operation W Date of 4/26/38
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Injury None, 1938

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) [Signature] M. D.

(Address) [Signature]

STATEMENT BY LICENSED EMBALMER

I, Reverian Davis, Licensed Embalmer No. 1714

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Reverian Davis

Licensed Embalmer No. 1714

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)