

REC'D MAY 10 1938

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

15170

Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 503
(b) Township Parson Creek Primary Registration District No. 3669 Registered No. 194
(c) City (d) Street No.
(e) Length of residence in city or town where death occurred 47 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mark Glassel Coates
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Virginia

FATHER 13. NAME John Coates
14. BIRTHPLACE (CITY OR TOWN) Do not know
(STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Elizabeth Rouzie
16. BIRTHPLACE (CITY OR TOWN) Do not know
(STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Adah Coates
(ADDRESS) Meadville - R. F. D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meadville DATE Apr. 15 1938

19. FUNERAL DIRECTOR Hills Chapel
(ADDRESS) Rockfield

20. FILED 4-15 1938 E. J. Weir
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 14 1938, to April 13 1938

I last saw h. i. m. alive on April 13 1938. Death is said to have occurred on the date stated above, at 2:40 P. m.

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

Carcinoma!
Pulmonary Edema
Congestive heart failure
Smelly

Date of onset

Other contributory causes of importance:

Name of operation 1 Date of 2

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) S. H. Hanson, D.O.(Address) Meadville Mo.

53

STATEMENT BY LICENSED EMBALMER

I, J. H. Blacklock, Licensed Embalmer No. 2246

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed, J. H. Blacklock
Licensed Embalmer No. 2246

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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15-170
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1. PLACE OF DEATH

(a) County Iron Registration District No. 503
 (b) Township Parson Creek Primary Registration District No. 3669 Registered No. 194
 (c) City (d) Street No.
 (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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mark Glassel Coats

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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. ormin.
78 9 16

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

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. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h. alive on 19... Death is said to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:
Carcinoma Prostate Date of onset 1935
Pulmonary Edema
Congestive Heart Failure
 Other contributory causes of importance:
Senility

Name of operation 51 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 S. H. Hanson M.D.
 (Signed) meadville
 (Address)

SUPPLEMENTARY

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

Local Registrar.

