

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

Do not use this space.

REC'D JUN 17 1938

18675

1. PLACE OF DEATH

County Lafayette Registration District No. 464
 Township St. Louis Primary Registration District No. 4277
 City Odessa (No.) St. Ward) (Ward)

2. FULL NAME

(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 1 yrs. 6 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1924
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 4 28

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.
 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) Grain Valley Mo

13. NAME Jesse Coates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo

15. MAIDEN NAME Mary Staley

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

17. INFORMANT (ADDRESS) Mrs Jesse Coates Odessa Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Not Buried DATE 5-30 38

19. UNDERTAKER (ADDRESS) Blum & Sons Odessa Mo.

20. FILED 5-29-1938 Mrs E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-29-1938, to 5-27-1938

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 12:30 m.

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

Accidental Drowning Date of onset 5/29/38
Coroner's Case 187
 Other contributory causes of importance: 187

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 5/29/38

Where did injury occur? Odessa Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Drowned in R.R. Pond

Nature of injury Drowning while swimming

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. B. Gilbert Coroner, M. D.

(Address) Odessa 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.

