REC'D JUN 22 1938

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

Do not use this space.

18762

1. PLACE OF DEATH
County Linn — Registration District No. 496 — File No.
Township — Primary Registration District No. 3025 — Registered No. 46
City Brookfield, (No. , ? St. Ward)

2. FULL NAME Josephine Louise Veal 400
(a) Residence, No. 217 E. Prairie St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
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: Morton Veal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2, 1902

7. AGE: YEARS 36 — MONTHS 2 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): 5-30-38
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Breckenridge Missouri 0 1

FATHER
13. NAME: John L. Coit
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Massachusetts 0

MOTHER
15. MAIDEN NAME: Iona Boyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Breckenridge Missouri

17. INFORMANT (ADDRESS): Mrs. J. L. Coit Brookfieldm Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Breckenridge, Mo. DATE June 1, 1938

19. UNDERTAKER (ADDRESS): Rusk Funeral Home Brookfield, Mo.

20. FILED June 9, 1938 Jno H Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30, 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, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Suicide
By inhaling Cile Gas

Other contributory causes of importance: 164
(Coroner View)

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? Suicide Date of injury ....., 19....
Where did injury occur? (Home) Brookfield Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Inhaling Cile Gas
Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Jno H Lucas, M. D.
(Address) Coroner Linn Co. Brookfield Mo.

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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.

JAN 8 1948