REC'D JUL 17 1938

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

Do not use this space.

22202

1. PLACE OF DEATH
County: Johnson
Township:
City: Warrensburg (No. , St. Ward)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No. 63

2. FULL NAME Robert Coats 320

(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): Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Edna Sallie Coats.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19. 1861

7. AGE: YEARS 77 | MONTHS 2 | DAYS 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Johnson Co. Mo

FATHER
13. NAME Ariel Coats.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ms

MOTHER
15. MAIDEN NAME MaryAnn Bryson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Wilkie Coats
(ADDRESS) Warrensburg. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE June 21, 1938

19. UNDERTAKER Sweeney Phillips
(ADDRESS) Warrensburg. Mo.

20. FILED June 21, 1938 Earl Kendrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from 1934, to June 19, 1938.
I last saw him alive on June 19, 1938. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	1 mo
Cr. Myocarditis	
93C	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Symptom 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) R. F. McKinney, M. D.
(Address) Warrensburg Mo

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