

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

Do not use this space.

JAN 24 1939

43813

**1. PLACE OF DEATH**

County Missouri  
Township Swamp  
City Bertrand Mo (No. 2)

Registration District No. 566  
Primary Registration District No. 5762

File No. ....  
Registered No. 138 .....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Infant Coates  
(Usual place of abode) Rt #1 Bertrand Wrd.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/1/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
Stillborn

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

12. BIRTHPLACE (CITY OR TOWN) Bertrand Mo (STATE OR COUNTRY) Mo

13. NAME Manuel Coates

14. BIRTHPLACE (CITY OR TOWN) 6 den miss (STATE OR COUNTRY) 1

15. MAIDEN NAME Idella Spears

16. BIRTHPLACE (CITY OR TOWN) Clinton La (STATE OR COUNTRY) La

17. INFORMANT Manuel Coates (ADDRESS) Bertrand Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 12/1 19. 38

19. UNDERTAKER none (ADDRESS) none

20. FILED 12-1- 19. 38 F. D. Vernon Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/1 1938

22. I HEREBY CERTIFY, That I attended deceased from Stillborn 1938 to / 1938

I last saw h. Stillborn alive on / 1938 Death is said to have occurred on the date stated above, at / m.

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

Stillborn  
(Placenta Praevia)  
Other contributory causes of importance: /

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? / Date of injury / 1938

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) E. Chas. Delaney, M. D.

(Address) Charleston Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

