

REC'D JAN 20 1939

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

Do not use this space.

44200

File No. _____
Registered No. 16 _____
St. _____ Ward) _____

1. PLACE OF DEATH

County Putnam Registration District No. 719
Township 5 Primary Registration District No. 5750
City _____ No. _____

2. FULL NAME

Thomas Jefferson Coaley
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 - 1860

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

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

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

13. NAME B. F. Coaley

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

15. MAIDEN NAME Susan Lamon

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

17. INFORMANT (ADDRESS) Henny Coaley, Putnam, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Putnam Cem. DATE Dec 13 1938

19. UNDERTAKER (ADDRESS) J. G. Henson, Putnam, Mo.

20. FILED Dec 23 1938 Marnie Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 11 - 1938

22. I HEREBY CERTIFY, That I attended deceased on Dec. 11, 1938, to _____, 1938

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:11 a.m.

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

Myocarditis (Chronic) Date of onset 2 yrs. ago

Other contributory causes of importance: Myocardial degeneration hypertension (Dome) Sw years

Name of operation _____ Date of _____
What test confirmed diagnosis? Histology 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. Death occurred at home

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. G. Henson M.D.
(Address) Unionville, Mo.

Coroner

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.

~~John J. ...~~
~~R. B. ...~~
~~John ...~~
City

RECEIVED
District Health Officer No. 10
District File Number 10-38-966
Date Filed 1-11-39