

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

**44236**  
Do not use this space.

JAN 20 1938

**1. PLACE OF DEATH**

(a) County Randolph Registration District No. 735  
 (b) Township Superior Primary Registration District No. 3034  
 (c) City Moberly (d) Street No. 426 Monroe St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Dora L Coons

(a) Residence, No. 426 Monroe St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. H. Coons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27<sup>th</sup> 1857</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>4</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>		
13. NAME <u>Harlow Eckler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Annie Martens</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Miss Sordie Howell</u> <u>Moberly Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly Mo</u> DATE <u>Dec 5<sup>th</sup> 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Thoburn and Son</u> <u>Moberly Mo</u>		
20. FILED <u>Dec 5 1938</u> <u>Ethel Holman</u> Deaf Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3<sup>rd</sup> 1938

I HEREBY CERTIFY, that I attended deceased from Jan 1 1938 to Dec 3 1938  
 Last saw alive on Dec 3 1938. Death is said to have occurred on the date stated above, at 6<sup>00</sup> P. M.  
 The principal cause of death and related causes of importance were as follows:  
Primary Pernicious Anemia  
 Date of onset 9/2/38

Other contributory causes of importance:  
Severe Cerebral Haemorrhage

Name of operation Lab. Examinations  
 What test confirmed diagnosis? Lab. Examinations Was the patient a patient

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? at home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home  
 Nature of injury at home

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify No  
 (Signed) S. D. McKell, M. D.  
 (Address) Moberly 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-1016

Date Filed 1-9-29

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Frank S. DeWitt

Licensed Embalmer No. 3821

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.