REC'D FEB 16 1939

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

Do not use this space.

564

1. PLACE OF DEATH
County: Miller
Township: Equality
City: Ulman (No. ..... St. ..... Ward)
Registration District No.: 5-6 5755
Primary Registration District No.: 4-7 1a
File No.: 3100
Registered No.: 11

2. FULL NAME: George Washington Coan

(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): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR ~~WIFE OF~~): Husband of Della Von Wagner Coan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 12, 1862

7. AGE: Years 76 | Months 5 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: Farm
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller County, Mo.

FATHER
13. NAME: William H. Coan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sandgate, Va.

MOTHER
15. MAIDEN NAME: Amelia Brewer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saratoga, N. Y.

17. INFORMANT (ADDRESS): Harlan Phillips

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ulman, Mo. DATE: Jan. 23, 1939

19. UNDERTAKER (ADDRESS): None

20. FILED: Jan 22, 1939 C. R. Hamilton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to Jan. 21, 1939
I last saw him alive on Jan. 21, 1939. Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932

Other contributory causes of importance: G & C

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical 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) Myron D. Jones M.D.
(Address) Bromley, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Miller County Health Dep't.

County File Number 39-13

Date Filed 2-13-39

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

3100
Do not use this space.

1. PLACE OF DEATH
(a) County Miller Registration District No. 564
(b) Township Equality Primary Registration District No. 5758 Registered No. 4
(c) City (d) Street No. 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 Geo Washington Coan
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della VanWagner Coan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-1862

7. AGE: Years 76 Months 5 Days 10 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME Wm H Coan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Amelia Brewer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Harlan Phillips
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ulman Mo DATE 1-23, 1939

19. FUNERAL DIRECTOR None
(ADDRESS)

20. FILED 3-16, 1939 L. M. Garver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to 1-21, 1939
I last saw him alive on 1-21, 1939. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myo Carditis	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis Clinical 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) Myron D. Jones M.D.
(Address) Brumley, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

RECEIVED
Miller County Health Dep't
County File Number 29-13
Date Filed 3-16-39