

REC'D MAR 13 1939

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

5897
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan
 (b) Township
 (c) City St. Joseph
 (d) Street No. 709 North 13th.
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Coyne
 (a) Residence, No. 1117 Church 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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1873.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 65 4 24
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
 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)
 11. Total time (years) spent in this occupation
 FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottumwa Iowa
 13. NAME Michael Coyne
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland
 MOTHER
 15. MAIDEN NAME Elizabeth Mooney
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland
 17. INFORMANT Mrs. Mary Keane (ADDRESS) 709 N. 13th. Str. St. Joseph, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt. PLACE St. Joseph, Mo. DATE Febr. 3 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.
 20. FILED Feb 2 1939 H. J. Nestle Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1 1939
 22. I HEREBY CERTIFY, that I attended deceased from Oct. 8, 1938, to Jan 31, 1939. I last saw her alive on Jan 31, 1939. Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:
 Per. anaemia Sept. 38.
 Hb
 Other contributory causes of importance: Carcinoma of pancreas?
 Name of operation none Date of _____
 What test confirmed diagnosis? Clin 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) _____ M. D.
 (Address) _____

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.

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, *My-self*

Robert P. Clarkson

or by

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

Signed

Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address 1802 Union Str. St. Jose

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.