

REC'D MAR 9 1939

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

6821  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 2 Registration District No. 410  
 (b) Township Jackson Primary Registration District No. 4243  
 (c) City Jasper 1 (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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. moa. ds.

2. PRINT FULL NAME

(a) Residence, No. Jasper Mo 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 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 Lennie Coil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 8 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner  
 9. Industry or business in which work was done, as saw mill, bank, etc. Zinc mines  
 10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Pike Co Missouri

FATHER 13. NAME Noah Coil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co Missouri

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Lennie Coil Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cem DATE Feb 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas J. Trester Jasper Mo R.S. 5

20. FILED Feb 10 1939 Clara E. Carna Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from did not attend deceased, 19...  
 I last saw h. alive on \_\_\_\_\_, 19... Death is said to have occurred on the date stated above, at 7:55 a.m.

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

Pulmonary Tuberculosis, Date of onset 23'

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? yes  
 If so, specify a worker in mines  
 (Signed) W. H. Knott M. D.  
city health officer, Jasper, Mo. (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.

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JUL 24 1941

RECEIVED

District Health Officer No. 6,

District File Number 6-39-464

Date Filed MAH 3 1939

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, .....

Phas J Teeter ....., or by .....

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

Signed Phas J Teeter .....

Licensed Embalmer No. 2566

P. O. Address Jasper 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.