

1939 APR 20 1939

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

11954
Do not use this space.

1. PLACE OF DEATH *Polk*

(a) County *Polk* Registration District No. *701*
 (b) Township *Bolivar* Primary Registration District No. *4422* Registered No. *15*
 (c) City *Bolivar* (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 *James William Coates*

(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 *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 *Burtha Coates*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 5-61*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Ret. Farmer*

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

13. NAME *Johnathan Coates*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

15. MAIDEN NAME *Mary Stanham*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT (ADDRESS) *Burtha Coates Bolivar*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Grumwood* DATE *Mch 15 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Burthman Blm Bolivar Mo*

20. FILED *3-15-39* *J. R. Roberts* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mch 13 1939*

I HEREBY CERTIFY, That I attended deceased from *Jan. 1937* 19... to *March 15* 19...
 First saw him alive on *March 15* 19... Death is said to have occurred on the date stated above, at *12:45* p.m.
 The principal cause of death and related causes of importance were as follows:
Hypostasis of lungs preceded by Hypoplexy six days previous to death

Other contributory causes of importance: *g2w1*

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) *M. H. Gumpus, M.D.*
 (Address) *Bolivar, Mo.*

M. 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.

824
2
0

RECEIVED
District Health Officer No. 7,
District File Number 7-39-49-9
Date Filed 4-12-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.