REC'D MAY 18 1939

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

Do not use this space.

File No. 14620

Registered No. 61

1. PLACE OF DEATH

County: Clay

Township: Fishing River

City: Excelsior Springs, Mo. (No. 520, St., Ward)

Registration District No. 198

Primary Registration District No. 2011

2. FULL NAME COONCE, Claude R.

(a) Residence, No. Veterans Administration Facility St., Ward. Excelsior Springs, Mo. (Usual place of abode)

701 Woodland, K.C. Missouri (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	46	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchboard Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown.

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsburg, Missouri

FATHER

13. NAME James Coonce.

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

MOTHER

15. MAIDEN NAME Belle Ott.

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 4-30-39, 19

19. UNDERTAKER (ADDRESS) D.W. Newcomer Sons, Brushcreek & Paseo, Kansas City, Mo.

20. FILED April 30, 1939 Lorena McCracken Registrar. 188

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1938, to April 29, 1939

I last saw him alive on April 29, 1939. Death is said to have occurred on the date stated above, at 9:40 P.M.

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

	Date of onset
Chronic valvular heart disease with decompensation.	

Other contributory causes of importance:

Coronary sclerosis.

Pneumonia.

Name of operation -- Date of --

What test confirmed diagnosis? -- Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) E.K. MOORE, MD, Clinical Director M.D.

(Address) Veterans Administration Facility Excelsior Springs, Missouri.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/3/39