REG'D MAY 11 1939

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

14859
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 318
(b) Township or (c) City SPRINGFIELD — Primary Registration District No. 2001 — Registered No. 290
(d) Street No. St. John Hosp. 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 Martin Coan
(a) Residence, No. Lincoln, Mass. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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.

37

7-3-89 - LP

cor. by affid.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
✓ ~~58~~	58	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpentier
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) Lincoln, Mass. 1

FATHER
13. NAME Thomas Coan ~~Unknown~~ 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5 ~~Unknown~~

MOTHER
15. MAIDEN NAME Bridget Rowe ~~Unknown~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Unknown~~ Ireland

17. INFORMANT (ADDRESS) Hospital Records Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Waltham, Mass DATE April 8 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
(ADDRESS) Springfield, Mo.

20. FILED Apr 6 1939 Chas A. Geoghegan M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him ~~alive~~ dead on Apr 5 1939 Death is said to have occurred on the date stated above, at 7.15 P.m.
The principal cause of death and related causes of importance were as follows:

Burns 1st 2nd & 3rd degree right & left arms Back & Chest

Date of onset

Other contributory causes of importance:

accidental Burns from burning Cabin

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-25, 1939
Where did injury occur? Springfield Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Cabin in Tourist camp
Manner of injury Entering Burning Cabin on Grant St. near Kearney St. Sprfld, Mo.
Nature of injury Burns 1st 2nd & 3rd degree

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) J. P. Ferguson Coroner, M. D.
(Address) 1025 E. Elm

(Licensed Embalmer's Statement on Reverse Side)

For affidavit see # 196 in misc file

AUG 1950

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.