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

Do not use this space.

35357

1. PLACE OF DEATH
County Andrew
Township Nodaway
City Savannah (No. ... St. ... Ward)

REC'D NOV 9 1939
Registration District No. 13
Primary Registration District No. 4010

File No. 6
Registered No. 67

2. FULL NAME Mrs. Laura Jumata Coon
(a) Residence, No. 611 Peare St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Coon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-10-1842
7. AGE: YEARS 96; MONTHS 11; DAYS 19 ~~28~~; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired School-Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): near Fallmore Mo

FATHER
13. NAME: Andrew J. Chambers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chambersburg Penn

MOTHER
15. MAIDEN NAME: Maria Boyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mount Vernon Ohio

17. INFORMANT (ADDRESS): Victor Scofield Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah Mo DATE Oct-31- 1939

19. UNDERTAKER (ADDRESS): Fred Terlaune Savannah Mo.

20. FILED Oct. 31 1939 Mrs. Jennie Rash Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 1938, to Oct. 29 1939
I last saw h alive on Jan 6 1938 Death is said to have occurred on the date stated above, at 6 30 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| No Facts | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Senility

Name of operation: None Date of:
What test confirmed diagnosis? No 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: none
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Walter D Shyrock, M. D.
(Address) Savannah Mo

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, J. Fred Lehmann Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this Certificate was embalmed by .....

or by ....., Registered Apprentice No. .....

(Signed) J. Fred Lehmann

Licensed Embalmer No. 1279

NOTE: *The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above regulation constitutes grounds for suspension or revocation of license.)*

REGISTERED
District No. 11
District File Number 1139-1476
Date Filed NOV 7 1939