

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

REC'D SEP 23 1938

1. PLACE OF DEATH

County HENRY
 Township Fair
 City Deepwater (No. _____)

Registration District No. 361
 Primary Registration District No. 5492

File No. 29025
 Registered No. 78
 St. _____ Ward _____

2. FULL NAME Francis J. Coates

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF <u>(or) WIFE OF</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 30th 1863</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>10</u>
		DAYS
		<u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Benton County</u> <u>Missouri</u>
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13. NAME	<u>Joseph B. Coates</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Alabama</u>
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15. MAIDEN NAME	<u>Clara Windgate</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Indiana</u>
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17. INFORMANT (ADDRESS)	<u>Merylt Coates</u> <u>Deepwater - Missouri</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Deepwater Cem</u> DATE <u>July 9th 1938</u>
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19. UNDERTAKER (ADDRESS)	<u>Jam Hurst</u> <u>Deepwater - Missouri</u>
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20. FILED	<u>9-10</u> 19 <u>38</u> <u>J. Russell</u> Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-7-38, 1938 to 7-7, 1938.
 I last saw him live on 7-7, 1938. Death is said to have occurred on the date stated above, at 1:00 P.M. m.

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

Date of onset

Chronic Bright's disease

Other contributory causes of importance: 101

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? _____

If so, specify _____

(Signed) J. Russell, M.D.315 (Address) Deepwater

RECEIVED

District, Health Officer No. 7,

District File Number 7-38-60

Date Filed 9-14-38