

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 28 1929

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

Do not use this space.

42200

1. PLACE OF DEATH

County Ray Registration District No. 914
Township State Grove Primary Registration District No. 6233
City Richmond (No.) St. Ward)

File No.
Registered No. 28

2. FULL NAME

Gladys Madeline Coats
(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 X yrs. X mos. 15 ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 25, 1928</u>		
7. AGE	YEARS <u>X</u>	MONTHS <u>X</u>
	DAYS <u>15</u>	IF LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Roy Coats
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co. Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ethel Beaman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray Co Mo
(STATE OR COUNTRY)

14. INFORMANT Roy Coats
(Address) Richmond Mo

15. FILED DEC 17, 1928 H. C. Gant
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10 1928
17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928 to Dec 10, 1928 that I last saw h.w. alive on Dec 10, 1928, and that death occurred, on the date stated above, at 8:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis Pneumonia (massive)
Influenza
(duration) ... yrs. ... mos. 1 ds.
CONTRIBUTORY (SECONDARY)
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Carl H Reed M. D.
Dec 10, 1928 (Address) Hardin

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hope Cem. DATE OF BURIAL 12/17 1928
20. UNDERTAKER B. F. Mead ADDRESS Mo Bremen

