

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

Do not use this space.

1. PLACE OF DEATH

89 County Ruby 1937 Registration District No. 914 File No. 17391
 Township Maple Grove Primary Registration District No. 4235- Registered No. 3
 City Hardin, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

John Coats
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Coats
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1858
 7. AGE 78 YEARS 10 MONTHS 11 DAYS If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 1936 11. Total time (years) spent in this occupation all
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle Plaine Iowa

FATHER 13. NAME John Coats
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henn

MOTHER 15. MAIDEN NAME Nancy Ziebler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Effie Coats
Hardin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vanbaker Cem Apr 7 1937

19. UNDERTAKER (ADDRESS) Geo W. Knipfel
Hardin Mo

20. FILED Apr 6 1937 W E Gant
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 18 1932, to April 6 1937
 I last saw him alive on March 15 1937. Death is said

to have occurred on the date stated above, at 6 A.M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset 1932

Other contributory causes of importance: Arterio Sclerosis 10 yrs
Ascites 1 yr

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? no
 If so, specify _____
 (Signed) Marion Dennis _____ M. D.
 (Address) Hardin, 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.

