

7-60

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

Do not use this space.

20444

1. PLACE OF DEATH

County MadisonRegistration District No. 574Township JonesPrimary Registration District No. 5772ACity Jones (No. _____)

St. _____ Ward _____

2. FULL NAME

Robert Lee Coker

(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>Maggie Coker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10 1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>7</u>
	DAYS <u>22</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.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) Jamestown
(STATE OR COUNTRY) Missouri13. NAME Robert Lee Coker14. BIRTHPLACE (CITY OR TOWN) Winn, Caroline
(STATE OR COUNTRY)

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY)17. INFORMANT Maggie Coker
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Saker DATE Aug 4 193319. UNDERTAKER Charlie Fullrich
(ADDRESS) Jamestown Mo.20. FILED June 3 1933 Ellis O'Rourke
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 193322. I HEREBY CERTIFY That I attended deceased from Dec 20, 1932, to June 2, 1933I last saw him alive on June 1, 1933 Death is saidto have occurred on the date stated above, at 7:00 a.m.

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

Date of onset

Acute Endo Carditis
46
46

Other contributory causes of importance:

Carcinoma of Liver

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) Ellis O'Rourke, M. D.(Address) Jamestown Mo.

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.

JUL 23 1933

