

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

Do not use this space.

NOV 23 1938

36318

1. PLACE OF DEATH

County Moniteau
 Township Walker
 City 140 (No. 140)

Registration District No. 571
 Primary Registration District No. 5767

File No. 53
 Registered No. 53 Ward

2. FULL NAME

John C. Coble
 (a) Residence. No. County Farm St. County Farm
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 2 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farm labor
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) County Farm

14. INFORMANT A. J. Scott
 (Address) California Mo

15. FILED 10-4-1938 H. R. Popejoy 504 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-3-1938

17. I HEREBY CERTIFY That I attended deceased from 8-4-1938 to 10-3-1938 that I last saw him alive on 8-4-1938, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Diabetes 54
Cause unknown
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. R. Popejoy M. D.
 , 19 (Address) California Mo

*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 DATE OF BURIAL
County Home Cemetery 10-4-1938

20. UNDERTAKER ADDRESS
J. W. Wilson & Son California 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.

