

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

PLACE OF DEATH

County Pulaski  
Township Piney  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 214 File No. 1638885  
Primary Registration District No. 5843 Registered No. \_\_\_\_\_

[If death occurred in a hospital or institution, give the NAME instead of street and number]

FULL NAME Mary Ellen Coogan

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(If file the word)  
DATE OF BIRTH April 15, 1850  
(Month) (Day) (Year)

AGE 61 yrs. 7 mos. 4 ds. IF LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Housekeeping  
(b) General nature of industry, business, or establishment in which employed (or employer) None

BIRTHPLACE  
(City or town, State or foreign country) Pulaski Mo.

PARENTS  
NAME OF FATHER William Richardson  
BIRTHPLACE OF FATHER Kentucky  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Anna Harmon  
BIRTHPLACE OF MOTHER Don't know  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. G. Coogan

(ADDRESS) Big Piney Mo.

Filed Nov. 24 1911 (Signature)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 5th, 1911, to Nov 22, 1911,  
that I last saw her alive on Nov 22d, 1911,  
and that death occurred, on the date stated above, at 10 P.M.  
The CAUSE OF DEATH\* was as follows:

Cardiac Dropsy  
95B 11  
(Duration) \_\_\_\_\_ yrs. 5 mos. 14 ds.

Contributory  
(Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. 5 mos. 14 ds.

(Signed) Wm. Derry M. D.  
Nov 24, 1911 (Address) Big Piney Mo.

\*State the Disease Causing Death, or, in deaths from violent causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Friendship DATE OF BURIAL 11-24-1911  
UNDERTAKER L. W. Fisher ADDRESS Brookland, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.