PLACE OF DEATH

County St. Louis

Township ____ or Village ____ or City Webster Groves Mo. (No. 37 Gray Av St.; 1st Ward)

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

Registration District No. 788 File No. 11896 18

Primary Registration District No. 4471 Registered No. ____

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

FULL NAME Mary Kellogg Coffran

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

DATE OF BIRTH: August (Month) 18th (Day), 1817 (Year)

AGE: 93 yrs. 6 mos. 4 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): 0—0

BIRTHPLACE (City or town, State or foreign country): Hadley Mass.

PARENTS
NAME OF FATHER: —
BIRTHPLACE OF FATHER (City or town, State or foreign country): —
MAIDEN NAME OF MOTHER: —
BIRTHPLACE OF MOTHER (City or town, State or foreign country): —

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Buchanan

(ADDRESS) Webster Groves Mo

Filed Nov 1911 H M Bolling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 22nd (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Feby 17th, 1911, to Feby 22nd, 1911, that I last saw her alive on Feby 21, 1911, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy 64

(Duration) ____ yrs. ____ mos. 5 ds.

Contributory (SECONDARY) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. E. Buchanan M. D.

Feby 22 1911 (Address) Webster Groves 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: North Hampton Mass

DATE OF BURIAL: Feby 22, 1911

UNDERTAKER: Parker & Co.

ADDRESS: Webster Groves Mo

Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many c. es, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

PLACE OF DEATH

County St Louis

Township

or

Village

or

City Webster Groves Mo (NO. 37 Gray Ave St.; 1st Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Registration District No. 788 File No. 11896

Primary Registration District No. 4471 Registered No.

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

FULL NAME Mary Kellogg Coffran

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widowed

DATE OF BIRTH: Aug. 18th (Month) (Day), 1817 (Year)

AGE: 93 yrs. 6 mos. 4 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

BIRTHPLACE (City or town, State or foreign country): Hadley Mass

PARENTS

NAME OF FATHER: Martin Coffran ✓

BIRTHPLACE OF FATHER (City or town, State or foreign country): Massachusetts ✓

MAIDEN NAME OF MOTHER: Hannah Hastings ✓

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Massachusetts ✓

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Buchanan

(ADDRESS) Webster Groves Mo

Filed 5/4/11 1911 H. W. Bellamy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 22" (Month) (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 17", 1911, to Feb. 21", 1911, that I last saw her alive on Feb. 21", 1911, and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ___ yrs. ___ mos. 5 ds.

Contributory (SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. E. Buchanan M. D.

Feb. 22 1911 (Address) Webster Grove 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)

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Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: North Hampton Mass

DATE OF BURIAL: Feb. 22, 1911

UNDERTAKER: Parker & Co.

ADDRESS: Webster Groves Mo.

All information called for must be written on this Supplementary Certificate.

R

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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