

ORIGINAL INK, 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.

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

Original

PLACE OF DEATH
County Clark
Township Condie
or
Village
or
City

Registration District No. 920 File No. 40221
Primary Registration District No. 0267 Registered No. 1
St. Ward

FULL NAME Charley Green Coffey
(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED (If file the word) |
| DATE OF BIRTH <u>April 16</u> , 188 <u>5</u> (Month) (Day) (Year) | | |
| AGE <u>28</u> yrs. <u>4</u> mos. <u>17</u> ds. | | if LESS than 1 day, ____ hrs. or ____ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Clark Co. Mo.</u> | | |
| PARENTS | NAME OF FATHER <u>Jackson Coffey</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn</u> | |
| | MAIDEN NAME OF MOTHER <u>Ann Rachelmes</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Clark Co. Mo.</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 3, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 8, 1913, to Sept 3, 1913, that I last saw him alive on Sept 3, 1913, and that death occurred, on the date stated above, at 5 1/2 p.m.

The CAUSE OF DEATH* was as follows:
Ulcer of the Stomach accompanied by severe hemorrhage

117 A (Duration) ____ yrs. ____ mos. ____ ds.
118 C
Contributory (SECONDARY) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) M. S. Matthews
Nov 21 1913 (Address) Clark Co. Mo.

*State the Disease Causing Death, or, in death 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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Floyd
(ADDRESS) Isabella Mo.

Filed Dec 25, 1913 Mary F. Johnson
REGISTRAR

PLACE OF BURIAL OR REMOVAL Lutie Cemetery DATE OF BURIAL Sept 5, 1913
UNDERTAKER George Clarkson ADDRESS Condie Mo.

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 health of various pursuits can be known. The question to each and every person, irrespective of age, by occupations a single word or term on the first line should be sufficient, e. g., *Farmer or Planter, Physician, Teacher, Architect, Locomotive engineer, Civil engineer, Fireman, etc.* But in many cases especially in factory employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or industry, and therefore an additional line is provided for a more detailed statement; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Store; (a) Foreman, (b) Automobile factory.* The occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "etc.," without more precise specification, as *Day Farm laborer, Laborer—Coal mine, etc.* Women who are engaged in the duties of the household or who are paid *Housekeepers* who receive a definite salary, should be entered as *Housewife, Housework, or At home,* and those not gainfully employed, as *At school or At home.* Those who would 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 reported or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If from business, that fact may be indicated thus: *(retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

statement of cause of death.—Name, first, of the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of "Diphtheritic"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, Peritonaeum, etc., Carcinoma, Sarcoma, etc.* of any organ (name organ; "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 septicaemia," "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.)