JUN 24 1927

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

Do not use this space.

14272

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 566
City St. Joseph, Mo. (No. Sisters Hospital St. Ward)

2. FULL NAME Charles Verdo Coburger
(a) Residence. No. Lake Station St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	36	10	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Charles Coburger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hamburg
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Nannie De Vorss
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rushville
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. N. Coburger.
(Address) Lake Station

15. FILED 1927 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1927, to May 27, 1927, that I last saw him alive on May 27, 1927, and that death occurred, on the date stated above, at 8:10 P.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis - mitral Stenosis 92A 93C 90A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Circulatory Failure
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) H. G. Thompson Jr., M.D
5/30, 1927 (Address) 825 Charles St. St Joseph 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 King Hill Cemetery — DATE OF BURIAL May 30, 1927
20. UNDERTAKER Fleeman - Faris — ADDRESS 1208 Francis

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.