

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

Do not use this space.

15672

1. PLACE OF DEATH

County Kingston
Township Chillicothe
City Chillicothe (No. St. Ward)

Registration District No. 508
Primary Registration District No. 3026

File No.
Registered No. 66

2. FULL NAME

Fanny Carolina Coffman

(a) Residence No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Hazel S. Coffman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 19-1892</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>11</u>
	DAY <u>12</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 15 - 1927, to May 31 1927, that I last saw h. or alive on May 30 1927, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocarditis with mitral regurgitation and influenza
I do not know (duration) several yrs.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ...

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Physical Examination
Times, Hall M. D.

may 31, 1927 (Address) Chillicothe - 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 Council Bluffs DATE OF BURIAL 6-1-1927

20. UNDERTAKER Charles Council Bluffs ADDRESS

9. BIRTHPLACE (CITY OR TOWN) Polo, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Manuel Fromler

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

12. MAIDEN NAME OF MOTHER Susan Dickson

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

14. INFORMANT Hazel S. Coffman
(Address) Council Bluffs

15. FILED 5-31-27 R. Barney
REGISTRAR

At 2. 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.

28 1927

