N 4 1928

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

Do not use this space.

14726

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 110
City Koch, Mo. (No. ..., ... St. ... Ward)

2. FULL NAME Mildred Coffey
(a) Residence. No. 1124 N. 17th. St. St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. 4 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)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	8	0	26	

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

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

PARENTS
10. NAME OF FATHER John Coffey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Miss.
12. MAIDEN NAME OF MOTHER Rose Hawkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Miss.

14. INFORMANT Koch Hospital
(Address) Koch, Mo.

15. FILED Apr. 4 1928 L. C. Abrod REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~March~~ APRIL 3, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1927 to ~~March~~ APRIL 3, 1928
that I last saw her alive on ~~March~~ APRIL 3, 1928, and that
death occurred, on the date stated above, at 12-30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of the Spine

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY)

(duration) ... yrs. ... mos. ... ds.

34

18. WHERE WAS DISEASE CONTRACTED St. Louis, Mo.
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. Klein, M. D
4/3, 1928 (Address) Koch, 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 Washington Park — DATE OF BURIAL Apr 7, 1928

20. UNDERTAKER J. C. Thomas — ADDRESS 3111 Laclede

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.