

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

Do not use this space.

33741

1. PLACE OF DEATH

County Jackson
Township Kaw
City Blue Mt (No. 1)

Registration District No. 399

Primary Registration District No. 14

File No. 4282
Registered No. 4282
St. _____ Ward _____

2. FULL NAME

John O Coffin
(a) Residence No. 3240 Montgale St. 14 Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-83-1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>53</u>	<u>4</u>	<u>6</u>		

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER Fredrick Coffin

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

12. MAIDEN NAME OF MOTHER Mattha Gardner

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

14. INFORMANT Mrs Minerva Coffin
(Address) 3240 Montgale

15. FILED 10/22, 1928 M. M. Lerman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-19-1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1928, to Oct 19, 1928 that I last saw him alive on Oct 19, 1928, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

111 Prominent Anemia
(duration) 1 1/2 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

580 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF None

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab

(Signed) Sam J. Porely, M. D.

10/20, 1928 (Address) 816 Chambers Bldg

*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 St. Monica Cem DATE OF BURIAL 10-22-1928

20. UNDERTAKER O. V. Mast ADDRESS 26 Mont

WRITE PLAINLY, 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.

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