

FEB 22 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1950

1. PLACE OF DEATH

County JacksonRegistration District No. 400Township PrairiePrimary Registration District No. 273DCity Lee's Summit (No. 11)File No. 11Registered No. 11St. Mo. Ward)

2. FULL NAME

(a) Residence. No. Dr Richard Nightingale Coffey St. Mo. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Mrs Mae Coffey

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

3-2-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

611020

day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Physician

(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)

unknown Ky.

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown Ky.

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown unknown

14. INFORMANT

(Address)

Mrs Mae CoffeyLee's Summit Mo.

15. FILED

Jan 29 1929

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

January 22 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 121929, to Jan 22 1929that I last saw alive on Jan 20 1929, and that death occurred, on the date stated above, at 2:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute cardiac failure93C102

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Chronic myocarditishypertension

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? clinical findings(Signed) Raymond Coffey, M. D., 19 (Address) 1111 Grand Ave 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

DATE OF BURIAL

Lee's Summit Mo.1-23 1929

20. UNDERTAKER

ADDRESS

R. L. Fields Lee's Summit Mo.

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.

