

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

Do not use this space.

10630  
J. E. H.

**1. PLACE OF DEATH**  
 County..... Jackson ..... Registration District No. .... 1002  
 Township..... Kan ..... Primary Registration District No. ....  
 City..... N. E. Mo. (No. 1815 Mercer) ..... St. .... Ward)

File No. ....  
 Registered No. 1135  
 St. .... Ward)

**2. FULL NAME** James A. Chilese Coffey  
 (a) Residence No. 1815 Mercer St. 3 Ward 3  
 (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**

<b>3. SEX</b> <u>Male</u>		<b>4. COLOR OR RACE</b> <u>White</u>		<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) <u>married</u>	
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Hurrietta Coffey</u>					
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <u>Oct-6-1857</u>					
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, ..... hrs. or ..... min.</b>	
	<u>73</u>	<u>4</u>	<u>27</u>		
<b>8. OCCUPATION OF DECEASED</b>					
(a) Trade, profession, or particular kind of work. <u>Farmer</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
<b>9. BIRTHPLACE (CITY OR TOWN)</b> (STATE OR COUNTRY) <u>Illinois</u>					
<b>PARENTS</b>	<b>10. NAME OF FATHER</b> <u>Eli Coffey</u>				
	<b>11. BIRTHPLACE OF FATHER (CITY OR TOWN)</b> (STATE OR COUNTRY) <u>Kentucky</u>				
	<b>12. MAIDEN NAME OF MOTHER</b> <u>No Record</u>				
	<b>13. BIRTHPLACE OF MOTHER (CITY OR TOWN)</b> (STATE OR COUNTRY) <u>No Record</u>				
<b>14. INFORMANT</b> <u>Mrs. P. A. Noonan</u> (Address) <u>1815 Mercer St.</u>					
<b>15. FILED</b> <u>3/7</u> 19 <u>29</u> <u>M. M. Crowe</u> REGISTRAR					

**MEDICAL CERTIFICATE OF DEATH**

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**16. DATE OF DEATH (MONTH, DAY AND YEAR)** March - 3 - 1929

**17.** Deputy Coroner  
 I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., (that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Chronic myocarditis  
131  
90c  
 (duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)** Chronic Interstitial nephritis  
 (duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED** 1290  
 IF NOT AT PLACE OF DEATH.....

**0** DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) Manley McNeil, M. D.  
3/3 1929 (Address) Deputy Coroner

\*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.

<b>19. PLACE OF BURIAL, CREMATION, OR REMOVAL</b> <u>Maple Hill</u>	<b>DATE OF BURIAL</b> <u>3-5-1929</u>
<b>20. UNDERTAKER</b> <u>Mrs. C. L. Foster</u>	<b>ADDRESS</b> <u>N. E. Mo.</u>

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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2  
2  
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