

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.

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

Do not use this space.

23887

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. 5603 Lookout)
Goldmine Goldmine Goddy

File No. _____
 Registered No. 882
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. 5603 Lookout St. _____ Ward _____
 (Usual place of abode)
 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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Roy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 24 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>24</u>	<u>10</u>	<u>27</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (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) Mo

10. NAME OF FATHER J. E. Coffey

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

12. MAIDEN NAME OF MOTHER Unknown Schooley

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

14. INFORMANT Roy Goddy
 Address St Joseph Mo

15. FILED JUL 24 1929 REGISTRAR J. S. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1929
 17. I HEREBY CERTIFY That I attended deceased from May 17, 1929, to July 21, 1929 that I last saw h. e. alive on July 21 3:30 p.m. 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary abscess with acute pulmonary edema
terminal
 (duration) 2 mos. 4 ds.
1118 CONTRIBUTORY Lobar Pneumonia (SECONDARY)
 (duration) _____ yrs. _____ mos. _____ da.

18. 1010 WERE THERE DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 1008 W Cliffs
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Sputum exam & X-Ray
 (Signed) Jason M. Hughes M. D.
July 22 1929 (Address) 208 Phys. & Surg. 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 Ashland Cem DATE OF BURIAL July 24 1929

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Colham

AUG 22 1929

PARENTS

