

APR 23 1930

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

Do not use this space.

7569

1. PLACE OF DEATH

County Andrew

Registration District No. 13

Township Savannah

Primary Registration District No. 4070

City Savannah (No. ....)

File No. 8

Registered No. ....

St. .... Ward)

2. FULL NAME

Mary Anna Coffey

(a) Residence, No. .... St. .... Ward. ....

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

W

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

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April - 1873

7. AGE

YEARS 56 MONTHS 11 DAYS 4 If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1930, to March 4 1930, that I last saw her alive on March 4 1930, and that death occurred, on the date stated above, at 12:20 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Septic Meningitis  
Encephalitis Acute

CONTRIBUTORY (SECONDARY)

Encephalitic Hoike

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-19-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. P. Hittler, M. D.

3-6 1930 (Address) Savannah, 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.

9. BIRTHPLACE (CITY OR TOWN) Andrew Co

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER George J. Coffey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Savannah

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Kate S. Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrard, Ky

(STATE OR COUNTRY) Kentucky

PARENTS

14. INFORMANT Thompson Coffey

(Address) Savannah

15. McH 6 30 FILED W. J. Hyatt REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Savannah

DATE OF BURIAL

3-7 1930

20. UNDERTAKER

E. C. Breit Savannah 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.

