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

Do not use this space. 8585

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 947
Township Kaw — Primary Registration District No. 1002 — Registered No.
City ~~Jackson~~ KC MO (No. 1217 West 47th St. St. Ward)

2. FULL NAME Robert J. Coffman
(a) Residence. No. 1217 West 47th St. St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 29, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	0	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(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) Tenn.

PARENTS

10. NAME OF FATHER R. J. Coffman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Agnes Hoagland
(Address) 1217 W. 47 St.

15. FILED 3/2, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930, to Mar 1, 1930, that I last saw him alive on Feb 25, 1930 and that death occurred, on the date stated above, at 1:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Haemorrhagic 2yrs
ARTERIOSCLEROSIS
PTB
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Diabetes Mellitus
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? KC Mo
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Tests
(Signed) J. P. Jones M. D.
3/2, 1930 (Address) 1221 211 St.

*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 Maple Hill Cemetery — DATE OF BURIAL Mar. 3-30

20. UNDERTAKER R. V. Lindsey & Sons, Inc. — ADDRESS Kansas City, 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.