

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.

APR 30 1930

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

Do not use this space.

9932

1. PLACE OF DEATH

County Ray
Township Chapin
City Richmond (No.)

Registration District No. 914
Primary Registration District No. 6235-

File No.
Registered No. 5-
St. Ward)

2. FULL NAME

Bessie Ethel Coffman

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 5 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Duties
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Millville
(STATE OR COUNTRY) Mo

10. NAME OF FATHER James H. Haynes

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

12. MAIDEN NAME OF MOTHER Giggie Johnston

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

14. INFORMANT W. M. Coffman
(Address) Richmond, Mo

15. FILED Mar 14 1930 H. E. Gant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11-1930

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1927, to Mar 10, 1930.
that I last saw her alive on Mar 10, 1930, and that death occurred, on the date stated above, at 8-30-AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Stomach
468 (duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 440
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) John M. Newth M. D.
, 19 Richmond (Address)

*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 Merchapel Cemetery DATE OF BURIAL Mar 13, 1930

20. UNDERTAKER E. Thurman ADDRESS Richmond, Mo

