

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.

SEP 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Duchesne Registration District No. 86
Township Washington Registrar Registration District No. 5127
City St. Joseph (No. R. F. D. # 5) St. _____ Ward _____

25992

File No. _____
Registered No. 66

2. FULL NAME

Benjamin Franklin Coffee
(a) Residence. No. R. F. D. # 5 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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug - 1 - 1853

7. AGE YEARS MONTHS DYS If LESS than 1 day, _____ hrs. or _____ min.
77 00 9

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

9. BIRTHPLACE (CITY OR TOWN) DeWitt Co., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Sarah Coffee
(Address) R. F. D. # 5, Box 88

15. Aug 11, 1930 J. J. G. [Signature]
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1930 to Aug 9, 1930
that I last saw him alive on Aug 9, 1930, and that death occurred, on the date stated above, at 2:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Intestinal Tuberctis
13!
1320

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic Intestinal Tuberctis
(SECONDARY)
Alumina (duration) _____ yrs. _____ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 129A

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. D. [Signature] M. D.

(Address) St. Joseph 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery DATE OF BURIAL Aug. 11 - 1930

20. UNDERTAKER Ramsay Funeral Service ADDRESS St. Joseph MO.

