

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

Do not use this space.

21834

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township Osburn Primary Registration District No. 2002 Registered No. 2651
City Jasper (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ Ward. _____
(Usual place of abode) 1223 Jasper (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1223 Jasper How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo W. Coffman</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4, 1871</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>1</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>295</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>No record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
15. MAIDEN NAME <u>No record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
17. INFORMANT <u>Geo W Coffman</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE _____		
19. UNDERTAKER (ADDRESS) <u>Walter S. Smith</u>		
20. FILED <u>July 2, 1931</u> <u>A. Benson</u> Clerk Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-31 1931

22. I HEREBY CERTIFY That I attended deceased from June 4, 1931 to June 29, 1931
Last saw him alive on June 29, 1931 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:
Cancer of stomach
46B
Other contributory causes of importance
46B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) W. H. Brooks
(Address) Jasper Mo.

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.

JUL 5 1931

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