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.

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

Do not use this space.

1401

PLACE OF DEATH

County Jackson — Registration District No. 404 — File No.

Township ~~Kaw~~ Washington — Primary Registration District No. 5558 — Registered No. 2

City ~~Kansas City~~ (No. 97th & McGee Streets St. Ward)

2. FULL NAME Frank Charles Coffee

(a) Residence, No. 97th & McGee Sts. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1871

7. AGE: Years 60 — Months 9 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 172
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Guelph Ontario 5

FATHER

13. NAME Dennis Coffee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guelph Ontario

MOTHER

15. MAIDEN NAME Catherine Hodins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guelph Ontario

17. INFORMANT (ADDRESS) Mrs. Marie A. Coffee 97th and McGee St. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE Jan. 11 1932

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel 104 West 42nd St. K.C. Mo.

20. FILED Jan 9 1932 Fred R. Lindsey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932, to Jan 8, 1932
I last saw her alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	8-32
82A	
82D	
97	

Other contributory causes of importance:

Arteriosclerosis	1929
Had paralysis Feb 1931	

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? No
If so, specify
(Signed) H. A. Breyfogle, M. D.
(Address) 818 Medical Arts

[illegible]
[illegible]
12183 [illegible]

APR 5 1967