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

Do not use this space.
13528

1. PLACE OF DEATH
County: Pike
Township: Ivanhoe
City: Bowling Green, (No. ..... St. ..... Ward)
Registration District No. 684
Primary Registration District No. 4408
File No. .....
Registered No. 21

2. FULL NAME: William Henry Cofer
(a) Residence, No. ..... St., ... 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: 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: Jessie Bibb Cofer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 15 - 1876
7. AGE: Years 56 | Months X | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 60
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): Pike Co. Mo. 1

FATHER
13. NAME: James Cofer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 2

MOTHER
15. MAIDEN NAME: Sarah Bilbro
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co Mo 1

17. INFORMANT (ADDRESS): Mrs. Wm H. Cofer, Clarence Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Antioch Cemetery DATE: 4-27-1932
19. UNDERTAKER (ADDRESS): Grace Bartshead, Bowling Green Mo
20. FILED: 5/10 1932 Wm Bussmeyer Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/26, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec, 1931, to April 26, 1932
I last saw him alive on April 26, 1932. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	12/20/31
131	
93D 908	Interstitial

Other contributory causes of importance: Hypertrophy Epicardial, Endocarditis, Myocarditis
Name of operation: No Date of .....
What test confirmed diagnosis? No Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 .....
(Signed) T. M. Mathews, M.D.
(Address) Bowling Green Mo 120 E. Main

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.

1932 MAY 6 AM