

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

Do not use this space.

13748

1. PLACE OF DEATH
 95 County St. Genevieve Registration District No. 781
 2 Township St. Mary Primary Registration District No. 4467
 3 City St. Mary (No., St., Ward

2. FULL NAME JAMES COFFMAN
 (a) Residence, No., St., Ward, (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 76 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Burnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 15 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 6 6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

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) St. Genevieve, Co. MISSOURI
 (STATE OR COUNTRY)

MOTHER FATHER

13. NAME CHARLES COFFMAN

14. BIRTHPLACE (CITY OR TOWN) St. Genevieve, Co. MISSOURI
 (STATE OR COUNTRY)

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN 31
 (STATE OR COUNTRY)

17. INFORMANT Willie Coffman
 (ADDRESS) St. Mary's Ins

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Mary's Ins DATE April 24 1932

19. UNDERTAKER John Bealer
 (ADDRESS) St. Genevieve Ins

20. FILED 4/22 - 1932 Willie Coffman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-26-32, 1932, to 4-21, 1932
 I last saw him alive on 4-2, 1932. Death is said to have occurred on the date stated above, at 9:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic gastritis
1180 118
 Other contributory causes of importance: Ⓛ
 Date of onset 2-26/32

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
 (Signed) J. W. Shively, M. D.
 (Address) St. Mary's Ins

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.

MAY 20 1932

NO. 2.

