

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 1932

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

Do not use this space.

25992

1. PLACE OF DEATH
 County Greene Registration District No. 330
 Township Trenton Primary Registration District No. 3017
 City Trenton (No. _____) St. _____ Ward _____

2. FULL NAME Susan Coffee
 (a) Residence, No. W 12th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 - 1848

7. AGE YEARS 84 MONTHS 2 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ny 2

13. NAME Wm Busby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know?

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Dr. Fair
Trenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravelon Mo. DATE Aug 12 1932

19. UNDERTAKER (ADDRESS) Tippson Funeral Home
Trenton Mo.

20. FILED 11 Aug 1932 E. A. Deffen
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1932

22. I HEREBY CERTIFY, that I attended deceased from Aug 20 1932, to Aug 10 1932
 I last saw her alive on Aug 10 1932 Death is said to have occurred on the date stated above, at 8:20 P. m.
 The principal cause of death and related causes of importance were as follows:
Spinal Angioma of right lower limb put to near knee
arteriosclerosis and cerebral thrombosis
①
 Date of onset May 1932

Other contributory causes of importance:
arteriosclerosis and cerebral thrombosis
①
Aug 1919

Name of operation None 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) J. J. Fair M. D.
 (Address) Trenton Mo.

