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.

27423

File No. 7227

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 1536, Papin St. ..... Ward)

2. FULL NAME Nora Coffey

(a) Residence, No. 1322 So 2nd St. St., 22 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John Coffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-14-1888

7. AGE: YEARS 44 | MONTHS 5 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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): Illinois 2

FATHER

13. NAME: John Cowin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 31

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Walter F. Pettigrew, 1322 So 2nd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: 8/6/32

19. UNDERTAKER (ADDRESS): John P. Collins & Bro, 928 No Grand Blvd

20. FILED AUG -5 1932 Max C. Starkey, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1932, to August 3, 1932

I last saw her alive on August 3, 1932. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis - Chronic	
Myocarditis	
Hydrothorax (Left)	

Other contributory causes of importance:

92 A
110 B
93 B

Name of operation: Thoracentesis Date of Aug 2, 1932

What test confirmed diagnosis? ..... Was there an autopsy? No

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) Vincent J. LoRicolo, M. D.

(Address) 1536 Papin St.,