

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

Do not use this space.

28754

1. PLACE OF DEATH

22 County Christian Registration District No. 184
Township Linley Primary Registration District No. 5255
City Ozark Mo RR (No. _____) St. _____ Ward _____

File No. _____
Registered No. 102
St. _____ Ward _____

2. FULL NAME

Virgil J. Coff
(a) Residence, No. Nixa, Mo. S. R. 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 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 Pearl Coff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or _____ hrs. or _____ min.
	<u>46</u>	<u>10</u>	<u>0</u>	

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

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) Sept 16, 1932 11. Total time (years, months, and days) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

13. NAME J. S. Coff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Martha Good

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER

17. INFORMANT (ADDRESS) Roy J. Coff, 240 RR

18. BURIAL, CREMATION, OR REMOVAL PLACE Richwood DATE Sept 28, 1932

19. UNDERTAKER (ADDRESS) T. B. Chaffin, Ozark Mo.

20. FILED Oct 3, 1932 Ruth Harrison Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932 to Sept 27, 1932
I last saw him alive on Sept 27, 1932. Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:
Acute myocarditis Date of onset 9/15/32
932
1180
69B BW
Other contributory causes of importance:
Acute indigestion,
Colic 9/14/32

Name of operation none Date of _____
What test confirmed diagnosis? Plaus 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) M. B. Mason, M. D.
(Address) Nixa, Mo.

Cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important. PHYSICIANS should state EXACTLY. 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. OCT 25 1932

