

MAR 6 1933

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

Do not use this space.

4238

1. PLACE OF DEATH

County Saline
Township Arrow Rock
City Arrow Rock (No.)

Registration District No. 792
Primary Registration District No. 4473

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 8

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1889

7. AGE YEARS 73 MONTHS 8 DAYS 21 If LESS than 1 day, hrs. or min.

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

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) W. Va.

13. NAME Eliza Coffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Eliza Dumasley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT W. W. Coffman (ADDRESS) Arrow Rock

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock DATE 1-7 1933

19. UNDERTAKER Sweeney (ADDRESS) Marshall

20. FILED 1-11 1933 R. L. Lawler Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 6, 1933. I last saw him alive on Jan 6, 1933. Death is said to have occurred on the date stated above, at 4:30 p.m. The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 11/11
105 111
Other contributory causes of importance: ✓

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 ✓, 1933. 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) R. L. Lawler, M. D.
(Address) Arrow Rock

