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.

APR 24 1933

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

Do not use this space.

10677

File No. 8

Registered No.

1. PLACE OF DEATH

County Polk — Registration District No. 700

Township — Primary Registration District No. 4421

City Aldrich (No. ..... St. ..... Ward)

2. FULL NAME Jennie Elizabeth Coffman

(a) Residence No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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 E. E. Coffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
50	1	7	

OCCUPATION

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) Dec 1, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunnansville Mo

FATHER

13. NAME W. H. Beatley

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

MOTHER

15. MAIDEN NAME Mary B Macklin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn

17. INFORMANT (ADDRESS) E. E. Coffman Aldrich Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Ridge DATE Mar 19 1933

19. UNDERTAKER (ADDRESS) Hutcheson-Blue & Toalson Aldrich Mo

20. FILED Mar 30 1933 E. E. Moore Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1933, to March 17 1933

I last saw her alive on March 16 1933. Death is said to have occurred on the date stated above, at 2 P. m.

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

Nephritis — Date of onset

Hypertension

Cf Myocarditis

Other contributory causes of importance: Uremia

Name of operation ..... Date of .....

What test confirmed diagnosis? Ordinary test 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) A. Anderson, M. D.

(Address) 700 Pershing Springfield Mo