

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.

NOV 10 1933

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

Do not use this space.

32375

1. PLACE OF DEATH

County Callaway

Registration District No. 104

Township Patton Twp

Primary Registration District No. 3008

City Patton Twp (No. State Hospital No. 1)

File No. 187

Registered No. 187

St. Patton

Ward Patton

2. FULL NAME

(a) Residence, No. Arrow Rock Twp St. Patton

Ward Patton

(Usual place of abode)

(If nonresident, give city or town and State)

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

W. W. Coffman

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

Not known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

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)

11. Total time (years) spent in this occupation

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

Not known

FATHER

13. NAME

Not known

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

Not known

MOTHER

15. MAIDEN NAME

Not known

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

Not known

17. INFORMANT (ADDRESS)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Arrow Rock DATE Oct 10 19 33

19. UNDERTAKER (ADDRESS)

W. W. Coffman

20. FILED

Oct 9 19 33 R. N. Cramer Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct. 9 19 33

22. I HEREBY CERTIFY, That I attended deceased from

June 1 19 33 to Oct 9 19 33

I last saw him alive on Oct 8 19 33. Death is said

to have occurred on the date stated above, at 3:45 a.m.

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

General Arteriosclerosis

Date of onset

97

102

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis? Clinical 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

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)

W. W. Coffman, M. D.

(Address)

Patton Twp

