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.

NOV 10 1933

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

Do not use this space.

32742

1. PLACE OF DEATH

39 County Greene — Registration District No. 316 — File No.

1 Township Boone — Primary Registration District No. 4191 — Registered No. 21

6 City Ash Grove (No. ..... St. ..... Ward)

2. FULL NAME Frances Nevada 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 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: F M Coffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/14/1856

7. AGE: YEARS 76 — MONTHS 10 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
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): California Mo.

FATHER

13. NAME: Gideon Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Eliza A. Hightower
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California Mo

17. INFORMANT (ADDRESS): W H M. Cray, Ash Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Johns Chapel DATE 10/2 1933

19. UNDERTAKER (ADDRESS): Trogdon Morris Lemon, Ash Grove, Mo

20. FILED 11/6 1933 D. Charles H. Orr, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/1 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1933, to Sept 29th, 1933
I last saw her alive on 9 — 29 —, 1933. Death is said to have occurred on the date stated above, at 9" A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Hemorrhage	
82A	
82A	

Other contributory causes of importance:

Name of operation: none — 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 ....., 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) Charles H. McHaffie, M. D.
(Address) Ash Grove Mo.