

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

Do not use this space.

MAY 25 1934

12507

**1. PLACE OF DEATH**

County Putney  
Township  
City Starkton (No. ....)

Registration District No. 314  
Primary Registration District No. 4190

File No. ....  
Registered No. 10  
St. .... Ward)

**2. FULL NAME**

Charles Elmer Coffey

(a) Residence, No. .... St., .... Ward.  
(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 Male 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 Cynthia Coffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 3 - 1876

7. AGE YEARS 57 MONTHS 10 DAYS 19 If LESS than 1 day, .... hrs. or .... min.

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) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putney Co. MO

13. NAME James Lawson Coffey

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

15. MAIDEN NAME Leah Meadows

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

17. INFORMANT Mrs. Cynthia Coffey

(ADDRESS) Starkton MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Putney MO DATE 4/24/34

19. UNDERTAKER Starkton

(ADDRESS) Starkton MO

20. FILED 4/25 1934 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 22 1934 to Apr 22 1934

I last saw him/her alive on Apr 22 1934 Death is said to have occurred on the date stated above, at 6:00 p.m.

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

Acute Valvular Heart Attack  
924  
97  
57B 57

Date of onset Apr 22 1934

Other contributory causes of importance:  
Arteriosclerosis Abant 1924  
Rheumatic Rheumatism 1920

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 ..... 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? .....

If so, specify .....

(Signed) F. Hinkley M. D.

(Address) Starkton MO

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.

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6  
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92

82

Dr. Fred. Hambley