

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.

AUG 14 1934 - 957

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 23376

Township _____

Primary Registration District No. 7001

Registered No. 885

City St. Joseph, Mo.

(No. Missouri Methodist Hospital)

St. _____ Ward _____

2. FULL NAME Elizabeth Elsie Coffman

(a) Residence, No. 1717 Edmond

St. _____ Ward _____

(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

Female

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1912

7. AGE

YEARS

MONTHS

DAYS

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

22

3

6

OCCUPATION

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

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Wright Hard & Co.

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)

St. Joseph, Missouri

FATHER

13. NAME Fred K. Coffman

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

St. Joseph, Missouri

MOTHER

15. MAIDEN NAME Elsie Limberg

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

Cinn. Ohio

17. INFORMANT Fred Coffman (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE July 28, 1934

19. UNDERTAKER Fleeman Mortuary, Inc. (ADDRESS) St. Joseph, Mo.

20. FILED 7-27-34 John R. Bander Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23 to July 25, 1934

I last saw him alive on July 25, 1934 at 6:45 P.M. Death is said to have occurred on the date stated above, at _____ m.

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

Cerebral Embolism

Date of onset July 25

82 B 120 B

Other contributory causes of importance:

Diastolic hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Chloral 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) J. W. Allaman, M. D.

(Address) St. Joseph, Mo.

