

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

Do not use this space.

JAN 9 1935

1. PLACE OF DEATH

County Platte
Township Kreston
City Edgerton, Mo. (No. _____)

Registration District No. 693
Primary Registration District No. 4415

File No. 40352-A
Registered No. _____
St. _____ Ward _____

2. FULL NAME Louisa Smith 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

2 **MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11th. 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Coffey

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1934, to November 11, 1934

I last saw her alive on November 11, 1934. Death is said to have occurred on the date stated above, at 1-10 A.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9th. 1883.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 2

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

Date of onset

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

Malignant disease (so stated by Dr. Spellman)
Dr. Spellman of Smithville Mo. was the attending physician and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 49

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 122

Other contributory causes of importance:
had operated on her. I was called in during last stage of disease to administer narcotic for relief of pain. This was my only relation to the case.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright County Missouri.

What test confirmed diagnosis? _____ Was there an autopsy? no

13. NAME Oliver Smith

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

15. MAIDEN NAME Margaret Jane Holt

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

17. INFORMANT John Coffey (ADDRESS) Edgerton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgerton, Mt. Zion DATE Nov. 13th. 1934

19. UNDERTAKER William Harris (ADDRESS) Dearborn, Missouri

20. FILED 12-10-34 1934 Quint B. Nash Registrar.

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) Walter S. Wood, M. D.

(Address) Edgerton, Mo.

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.

1-5 35

JAN 22 1935

DR. WALTER S. WOOD
PHYSICIAN AND SURGEON
EDGERTON, MO.

Feb 5th 1935

State Registrar of Vital Statistics
Jefferson City, Missouri.

Dear Sir: In re certificate of death of Louisa Smith Coffey. She was not my patient. I was merely called in emergency. She was Dr. Spellman's (Smithville Mo) patient, and he had operated on her some time prior. She was taken to the hospital a second or third time, and he saw her here in Edgerton a short time before her death. I have no means of knowing the form or exact seat of her trouble. Her disease was pelvic in location. My only connection with the case was to administer a narcotic for the relief of pain. I am sure if you are in touch with Dr Spellman you can get all the information required. I am very sorry I am unable to give you more definite data in the case.

Respectfully

Walter S. Wood, M.D.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Platte Registration District No. 693
 Township Lodgepole Primary Registration District No. 4415
 (No. _____) St. _____ Ward _____
 Registered No. _____
 2. FULL NAME Louisa Smith 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 1 2

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

MOTHER / FATHER
 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. 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:

Maley nonc disease Date of onset _____

Carcinoma Ovary (Pt.)

Other contributory causes of importance: _____

Name of operation for uterine obstruction 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) W. J. McSpelman, M.D. _____, M. D.
 (Address) Smithville, Mo

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-40352-A