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.

JUL 1 1935

Cresswell

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

Do not use this space.

18795

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No.
Township Breton — Primary Registration District No. 6179 — Registered No.
City Potosi Mo (No. , St. Ward)

2. FULL NAME Martha Jane Coffman
(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 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 Robert Coffman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6-1859
7. AGE YEARS 75 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.

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) Palmer Mo.

FATHER
13. NAME Henry-Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmer Mo

MOTHER
15. MAIDEN NAME Elizabeth Dewes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmer Mo.

17. INFORMANT (ADDRESS) Wm Coffman Desoto Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi Mo DATE May 24 1935

19. UNDERTAKER (ADDRESS) Sparks & Sparks Potosi Mo

20. FILED May 26 1935 G. F. Cresswell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to May 22, 1935
I last saw her alive on May 22, 1935. Death is said to have occurred on the date stated above, at 3 10 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach — Date of onset

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Other contributory causes of importance:

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) G. F. Cresswell, M. D.
(Address) Potosi Mo