

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

Do not use this space.

36042
4265

DEC 26 1935

1. PLACE OF DEATH

County Jackson Registration District No.
 Townships Paris Primary Registration District No.
 City Kennett City (No. R.E. Ken Hoop) St. Ward)

File No.
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. 1212 Jackson St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leola Coffman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12 1885</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>2</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
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		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Harriet Coffman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>May Straight</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	17. INFORMANT (ADDRESS) <u>Robert Clark</u> <u>R.E. Ken Hoop, Ke. Mo.</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laredo, Mo</u> DATE <u>11-10</u> 19 <u>35</u>
	19. UNDERTAKER (ADDRESS) <u>Ma C. S. Forster</u> <u>A.C. Mo</u>
20. FILED <u>Nov. 9</u> 19 <u>35</u> <u>m m Crowe</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 1935
 22. I HEREBY CERTIFY, That I attended deceased from 11-1 1935 to 11-9 1935
 I last saw him alive on 11-9 1935 Death is said to have occurred on the date stated above, at 2:50 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebrum of Colon
Perforation of Colon
 Other contributory causes of importance:
Peritonitis 4/6

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

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 Peter S. DeMajic, M. D.
 (Signed) Clair Supt. R.E. Ken Hoop, Ke. Mo.
 (Address)

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.

