JUL 24 1936

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

Do not use this space.

22853

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 2782
City: Kansas City (No.) 1210 Cherry St. (Ward)

2. FULL NAME: George W Coffey
(a) Residence, No. 415 W. 62nd Terrace Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bess L Coffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May - 27 - 1875

7. AGE: Years 61 — Months 0 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel Business
10. Date deceased last worked at this occupation (month and year): Dec - 1935
11. Total time (years) spent in this occupation: 24 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: Unknown Coffey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Bess L Coffey 415 W. 62nd Terr

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: June 11, 1936

19. UNDERTAKER (ADDRESS): Wurnewcorders Sons Kansas City Mo.

20. FILED: 6/9, 1936 — Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1936 to 6/8, 1936
I last saw him alive on 6/8, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute dilatation of the heart	6/1/36
Acute Gastritis Gastro enteritis	6/1/36

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis — 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. B. Prentiss, M. D.
(Address) 1215 Walls Bldg.

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.

Riatto Bldg
12-3