

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.

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

Do not use this space.

38382

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1. PLACE OF DEATH

County Miller
Township O Sage
City No.

Registration District No. 6
Primary Registration District No. 5760

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas Bennett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-31 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
86 11 16

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) Ills

13. NAME Jacob Coffey

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

15. MAIDEN NAME Naoma Cook

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

17. INFORMANT Wm. S. Shank (ADDRESS) Daughter

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coffey DATE 10-18 1936

19. UNDERTAKER W. J. Brown (ADDRESS)

20. FILED 12-18 1936 John B. Schriener (Address) max Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1936, to Oct 12 1936. I last saw her alive on Oct 12 1936. Death is said to have occurred on the date stated above, at 3 30 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

suicide

Other contributory causes of importance: Old eyes

Name of operation Date of

What test confirmed diagnosis? Exp 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 10-16-36

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 ✓

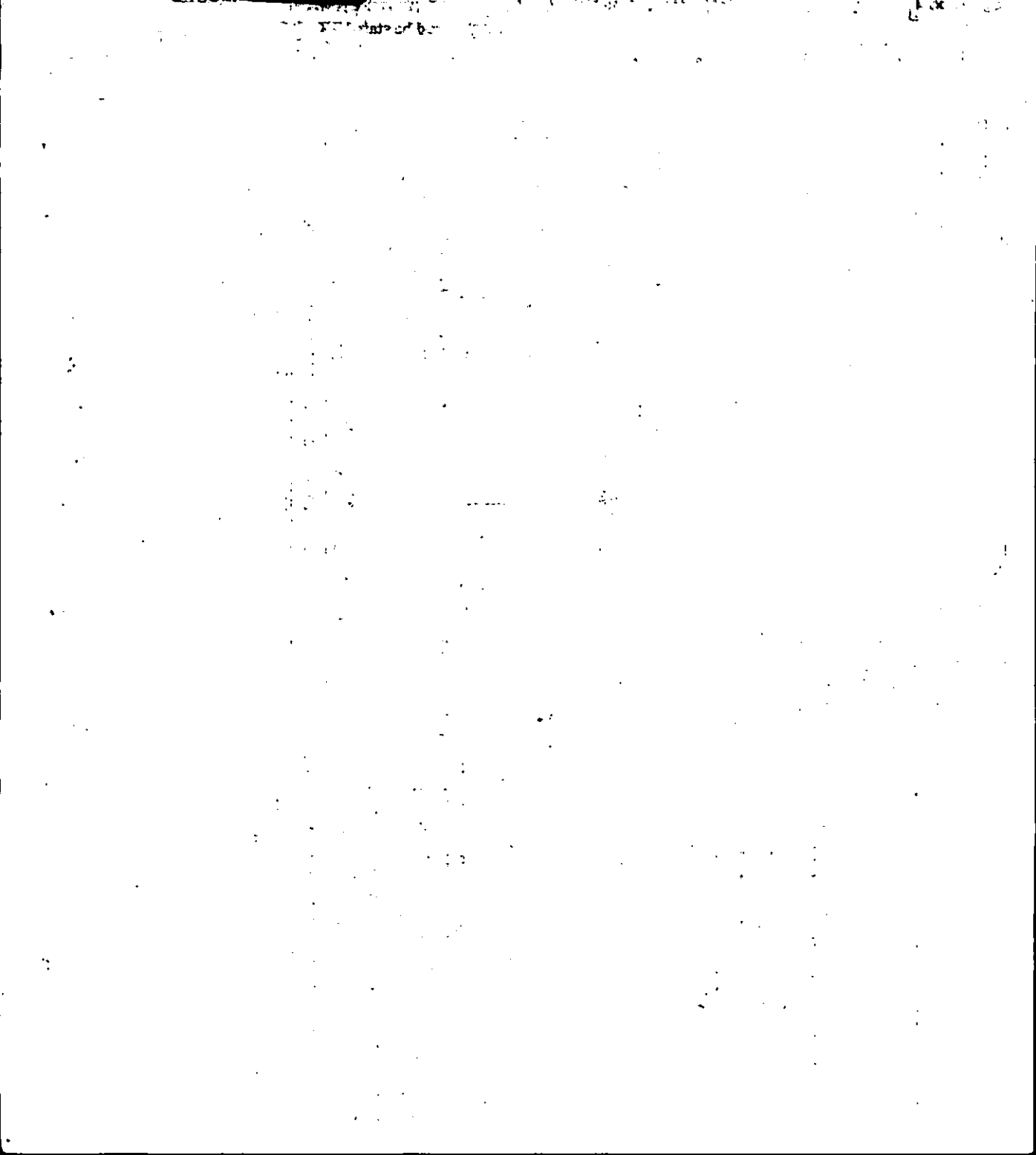
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) J. N. K. ... M. D.

Wm. S. Shank (Address) max



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

Do not use this space.

1. PLACE OF DEATH

County Miller

Registration District No. 6

Township Orange

Primary Registration District No. 5760

City (No.)

File No.

Registered No.

2. FULL NAME

(a) Residence, No. Mary Barnhart 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 wid (write the word)

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 day, min. or min. 86 11 16

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)

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. UNDERTAKER (ADDRESS)

20. FILED 1-21 1937 John E. Schaefer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16 1936

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

I last saw him 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:

Endocarditis Date of onset

Chronic

1 year's duration

Other contributory causes of importance:

Name of operation Results 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) D. H. Kouns M. D.

(Address)

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