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.

FEB 15 1937

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

Do not use this space.

222

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85 — File No.

Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 21

City ST. JOSEPH, (No. 6503 KING HILL AVE. St. Ward)

2. FULL NAME MRS. MAUDE COFFEY

(a) Residence, No. 6503 KING HILL AVE. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: WIFE OF JOHN COFFEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 18, 1882

7. AGE: YEARS 54 — MONTHS 9 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): OHIO

FATHER

13. NAME: UNKNOWN

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): JOHN COFFEY St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PK, VLT. DATE JAN, 11. 1937, 19

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH MO.

20. FILED 1-11, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN. 7, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 11th 37 Viewed, 19, to, 19

I last saw her alive on, 19 Death is said to have occurred on the date stated above, at 11:15 P.M.

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

	Date of onset
Chronic Spinal Muscular Atrophy	2-1-36

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? History 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) [signature] Coroner, M. D.

(Address) St Joseph, Mo#

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