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.

MAY 20 1937

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

Do not use this space. Dr Patterson

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 16347
Township — Primary Registration District No. 2001 — Registered No. 0320
City Springfield Mo (No. College & Main 9 St. Ward)

2. FULL NAME Roma Coffman
(a) Residence, No. 510 Lilly St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 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 Clara Coffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1878

7. AGE 59 YEARS — MONTHS 0 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker
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) Jasper Co Mo

FATHER
13. NAME Dan Coffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Sarah Blair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Clara Coffman Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 4/16 1937

19. UNDERTAKER (ADDRESS) Samuel Schmeyer Springfield Mo

20. FILED Apr 16 1937 Chas A George Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th, 1937

22. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased ~~from~~ ....., 19...., to April 14th, 1937
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Death was caused by a crushed chest & fracture of right elbow and wrist killed suddenly	

Other contributory causes of importance:

J10M

Name of operation ..... Date of J01
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? Accident Date of injury ....., 19.....
Where did injury occur? Springfield, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Was crushed between his own truck and another truck which ran into him
Nature of injury was leaning against rear of own truck

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. P. Patterson, M. D.
(Address) Springfield, Mo
Coroner of Greene County, Mo