NOV 18 1937

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

Do not use this space.

37952

File No.
Registered No. 57

1. PLACE OF DEATH
County Jasper
Township Mineral
City ABC Nacetw (No. , St. Ward)
Registration District No. H13
Primary Registration District No. 5559e

2. FULL NAME C. Mitchell Coffman Cass Co.
(a) Residence, No. St., Ward. Harrisonville
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 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 Ruth Coffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1917

7. AGE Years 20 Months 3 Days 7 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Wallace Coffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Ella Combs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Records
(ADDRESS)

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Harrisonville DATE 10/21, 1937

19. UNDERTAKER Atkinson Bros Funeral Home
(ADDRESS) Harrisonville

20. FILED 11-1, 1937 Harry A. Weaver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1937, to Oct 21, 1937
I last saw him alive on Oct 20, 1937. Death is said to have occurred on the date stated above, at 7:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Tuberculous Enteritis - Colitis	

Other contributory causes of importance: 73

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) James E. Douglas, M. D.
(Address) Webb City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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