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

Do not use this space.

REC'D MAR 24 1938

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kansas — Primary Registration District No.: 1002

City: Kansas City (No. General Hospital St. Ward)

File No.: 5519

Registered No.: 585

2. FULL NAME: William E. Coffelt 14-3

(a) Residence, No. 315-N-9 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Liffy Coffelt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 3-1872

7. AGE: YEARS 65 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Jan. 1938

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin County Kansas

FATHER

13. NAME: Lafayette Coffelt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vinton Iowa

MOTHER

15. MAIDEN NAME: Rhoda J. Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vinton County Iowa

17. INFORMANT (ADDRESS): Mrs. C. H. Moyer Arnold Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE: Woodlawn DATE: Feb. 5 1938

19. UNDERTAKER (ADDRESS): Furnwether-Werner Kansas City Kansas

20. FILED: Feb 5 1938 M M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 4 1938

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

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 3 p. m.

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

	Date of onset
Cerebrovascular hemorrhage	
Thromboembolic hemorrhage	

Other contributory causes of importance: Prostatic hypertrophy

Name of operation: ..... Date 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: Feb. 2 1938

Where did injury occur? Kansas City, Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury: Struck by motor car

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) ....., M. D.

(Address) .....

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

P X7044