

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.

NOV 25 1938

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

36700
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773

(b) Township St. Francois Primary Registration District No. 6018A

(c) City Farmington (d) Street No. State Hospital No 4 Registered No. 125

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

2. PRINT FULL NAME Elba Coffman

(a) Residence, No. Leadwood, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Coffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28th, 1862

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
76	8	5	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as 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) Palmer Missouri

FATHER

13. NAME Jim Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Jane Duncan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Missouri

17. INFORMANT State Hospital No. 4 Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. DATE 10-5-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Funeral Home Elvins, Missouri

20. FILED Oct 3, 1938 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1938 to Oct 3, 1938

I last saw her alive on October 2nd, 1938. Death is said to have occurred on the date stated above, at 8:50 A.M.

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

Generalized arteriosclerosis Date of onset 1930

Other contributory causes of importance: Drug intoxication (veronal) 10-1-38

Name of operation Chin + Gut Date of _____

What test confirmed diagnosis? A 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) Wm. J. Schradamus, M. D.

(Address) State Hospital #4, Farmington, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Buerd Sparks

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Buerd Sparks

Licensed Embalmer No. *2629*

P. O. Address *Cluis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

26700
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1. PLACE OF DEATH

(a) County St. Francis Registration District No. 773
 (b) Township..... Primary Registration District No. 60184 Registered No. 125
 (c) City..... (d) Street No. State Street #4 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Leadville Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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 1 day,hrs. ormin.
76 8 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19..... Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1938

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

Gen. Arteriosclerosis Date of onset 1930
1938
 Other contributory causes of importance:
Drug intoxication venereal
(definitely contributory cause of death) p. 1-38

Name of operation..... Date of.....
 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?..... 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 Paul J. Schneider, M. D.
 (Signed) Jas. J. King
 (Address) Leadville Mo.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

