

REC'D FEB 16 1939

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

Do not use this space.

1947

## 1. PLACE OF DEATH

County Case 1 Registration District No. 150 File No. 1947  
Township Sherman Primary Registration District No. 5214 Registered No. 1  
City North (No. 6) (No. 6) St. North Ward 1

## 2. FULL NAME

120 Elizabeth Coffage  
(a) Residence, No. 120 St. North Ward. 1

(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? 77 yrs. 4 mos. 29 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 James J. Coffage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 4 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Mr. Haley

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

15. MAIDEN NAME Mrs. Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT D. J. Coffage  
(ADDRESS) Creston, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Frank Case DATE Jan 16 - 1939

19. UNDERTAKER Robert Arnold  
(ADDRESS) Creston, Mo.

20. FILED Jan 20, 19 39 Mrs. W. L. Cummings  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 - 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 13 - 1939 to Jan 13 - 1939

Last saw him alive on Jan 15 - 1939, 19 39 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Pulmonary Tuberculosis Date of onset ?

Other contributory causes of importance: none

Name of operation Physical Date of no  
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19 39

Where did injury occur? no  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no

(Signed) J. J. McDonald M. D.  
(Address) Ulrich Mo

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.

