

REC'D MAR 16 1939

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

7208

Do not use this space.

## 1. PLACE OF DEATH

(a) County Miller(b) Township Franklin(c) City Adrian(d) Street No. 561Primary Registration District No. 5756Registered No. 11

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 323St. Adrian

(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 (write the word)

Divorced

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

Elmer Adcock

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 12 1893

## 7. AGE

45 YEARS 5 MONTHS 20 DAYS

If LESS than 1 day, ..... hrs. or ..... min.

## 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)

Missouri

## 13. NAME

John Coffman

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

Kansas

## 15. MAIDEN NAME

Mary Wood

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

Missouri

## 17. INFORMANT (ADDRESS)

Churchill Vaughan  
Adrian, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Adrian DATE 2-4 1939

## 19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Phillip's Funeral Home  
Adrian, Mo.20. FILED 2-4 1939 Belle Haynes  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

2-2 1939

## 22. HEREBY CERTIFY, That I attended deceased from

Jan 28 1939 to Feb 2 1939I first saw him alive on Feb 2 1939 Death is saidto have occurred on the date stated above, at 12 midnight

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

Lobar pneumonia Type III  
Pulmonary edema  
108Date of onset  
1/21/39  
2/2/39

## Other contributory causes of importance:

Mitral regurgitation ?

## 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

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) Kenneth E. Fletcher M. D.(Address) Adrian, Mo.

RECEIVED

Miller County Health Dep't.

County File Number 39-26

Date Filed 3-13-39

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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, \_\_\_\_\_

Louis D. Phillips, or by \_\_\_\_\_

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

Signed Louis D. Phillips

Licensed Embalmer No. 3662

P. O. Address \_\_\_\_\_

**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.