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

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.

REC'D APR 20 1939

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

Do not use this space.

12059

1. PLACE OF DEATH
County Ray
Township Grape Grove
City Cowgill (No. ..... St. ..... Ward)
Registration District No. 914
Primary Registration District No. 6235
File No. .....
Registered No. 2

2. FULL NAME Harvey Luther Coffman
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Coffman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1864
7. AGE YEARS 74 MONTHS 8 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Dec 1933
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Ohio

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

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

17. INFORMANT (ADDRESS) Mrs Emma Coffman Cowgill, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cowgill DATE 4-2-1939
19. UNDERTAKER (ADDRESS) B. F. Mead Brayner Mo
20. FILED Apr 2 1939 W. E. Gant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis — Date of onset 1 yr.
Other contributory causes of importance:
Dilatation heart
Name of operation ..... Date of .....
What test confirmed diagnosis? History 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) G. W. Gainer, M. D.
(Address) Richmond, Mo.