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

Do not use this space.

REC'D AUG 9 1939

File No. 25732

Registered No. 48

1. PLACE OF DEATH

County Howard, Registration District No. 378

Township Primary Registration District No. 4222

City Fayette, (No. 155, St. Ward)

2. FULL NAME Joyce Alene 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/14th 1938

7. AGE: Years 1 Months 1 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

FATHER

13. NAME Dr Delmer Lee Coffman, 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER

15. MAIDEN NAME Dorathy Morrison,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Dr Delmer Lee Coffman, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge, DATE 7/5th 1939

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED Aug 5, 1939 V. A. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4th 1939 .19

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1938 to 7-4, 1939

I last saw him alive on 7-4, 1939. Death is said to have occurred on the date stated above, at 1:15 P m.

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

Marked hydrocephalus Congenital — Date of onset 5-14-39

Other contributory causes of importance: Spina bifida — Date of onset 5-14-39

Name of operation None Date of

What test confirmed diagnosis Phys. finding 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. T. Shaw, M. D.

(Address) Fayette, Mo.

339

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.

30M-10-22-38 X9314

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/7/39