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

NOV 8 1939

35573
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, 3 Registration District No. 85
(b) Township or City St. Joseph, 1 Primary Registration District No. 1001 Registered No. 1094
(c) (d) Street No. Near 1100 So. 8th. 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 44 yrs. 9 mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Roy Bernard Coffey,
(a) Residence, No. 3902 Terrace Avenue. 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: Male
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: Grace Coffey,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 29, 1894
7. AGE: YEARS 44 MONTHS 9 DAYS 24 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Clerk,
9. Industry or business in which work was done, as saw mill, bank, etc.: Railroad,
10. Date deceased last worked at this occupation (month and year): October 1939,
11. Total time (years) spent in this occupation: 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER
13. NAME: William Coffey,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER
15. MAIDEN NAME: Frizene Stricker,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Terre Haute, Indiana,

17. INFORMANT (ADDRESS): Mrs. Roy B. Coffey 3902 Terrace Avenue,
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Oct. 26th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton Br. Gale & Bowman 319 So. 10th Str. Funeral Home
20. FILED Oct. 26, 1939 H. J. Nestlebush Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 23rd, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1939 to Viewed, 19....
I last saw h ######### 19.... Death is said to have occurred on the date stated above, at 10:45 a m.
The principal cause of death and related causes of importance were as follows:
Suicide by taking Carbolic acid — Date of onset
163
Other contributory causes of importance: none
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? Suicide Date of injury 10/23 1939
Where did injury occur? St Joseph, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Took Poison
Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE

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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, or by Oct. 23, 1

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3007

P. O. Address Box 10 St Joseph

**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.**