

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.

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

Do not use this space.

SEP 16 1935

26258

**1. PLACE OF DEATH**

County Henry  
Township \_\_\_\_\_  
City Calhoun (No. \_\_\_\_\_)

Registration District No. 349  
Primary Registration District No. 4207

File No. \_\_\_\_\_  
Registered No. 12 St. \_\_\_\_\_ Ward \_\_\_\_\_

**FULL NAME**

James Martin Coffelt

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 93 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>America E. Coffelt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 29 1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>4</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>	11. Total time (years) spent in this occupation.....
	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).....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Orange County

MOTHER FATHER 13. NAME  
James Coffelt

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

MOTHER 15. MAIDEN NAME  
Caroline Catrizer

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

17. INFORMANT (ADDRESS)  
Mr. C. W. Corcoran  
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calhoun Mo DATE Aug 18 1935

19. UNDERTAKER (ADDRESS)  
J. A. Housey  
Calhoun Mo

20. FILED Aug 17 1935 Mrs. U. L. Gray  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 - 1935

22. I HEREBY CERTIFY, that I attended deceased from Apr 18 - 1933 to Dec 30 - 1933  
I last saw him alive on Dec 30 1933 Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Valvular Disease of the Heart  
97

Other contributory causes of importance:  
Soft Heart

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 ✓, 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) J. A. Housey, M. D.  
(Address) Calhoun Mo

