

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS / 3
CERTIFICATE OF DEATH

Do not use this space.
 3727
 File No. #3
 Registered No. 668
 St. _____ Ward _____

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 5889
 City Sedalia (No. RFD # 2., 'S.M.S.E.) St. _____ Ward _____

2. FULL NAME Erasmus S. Coffman 165
 (a) Residence, No. RFD # 5. 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 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 Pearl Coffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	10	19	

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

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) Ft. Seibert (STATE OR COUNTRY) W. Va.

13. NAME Andrew Coffman

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Adelade Pearl Hess

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) W. Va.

17. INFORMANT Mrs. Pearl Coffman (ADDRESS) Sedalia, Mo. R 5.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Hill Cem. DATE Feb. 1, 1938 19
 19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED Jan 31 - 19 58 Jean Slaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dr. Cameron's Case only, 19____
 I last saw Dr. Cameron's Case only Death is said to have occurred on the date stated above, at 7:15 p. m.
 The principal cause of death and related causes of importance were as follows:
accidental - Run over by truck
 ① Fractured skull
 ② Ruptured diaphragm
 ③ Ruptured bladder
 ④ Fractured pelvis & ribs.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 1-29, 1938
 Where did injury occur? Pettis County
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Industry
 Manner of injury Run over by gravel truck
 Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) C. Gordon Hawthorne M. D.
 (Address) Crossway Pettis County

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

RECEIVED FEB 28 1938 BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3727
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Flat Lick Primary Registration District No. 589 Registered No. 113
 (c) City Madison (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Erasmus S. Coffman

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 19

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-21 1958 James Shasta Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1958

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. 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:

Date of onset

Other contributory causes of importance:

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? _____

If so, specify

(Signed) O. Gordon Haystack, M. D.

(Address) Cornet Pettis Co

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important. No amount may be properly classified. No amount may be properly classified.

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