

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

Do not use this space.

23064

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 2146, Allen and Ward)

File No.....
 Registered No. **6505**
 St. Ward)

2. FULL NAME

Sophronia E. Coffledge
 (a) Residence, No. 2146 Allen and St. 13 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of John Coffledge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20, 1837

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>92</u>	<u>2</u>	<u>27</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at Home
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) North Carolina

10. NAME OF FATHER

John W. Frank

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER

Barba Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) North Carolina

14. INFORMANT

W. E. Coffledge
 (Address) 2146 Allen Ave

15. FILED

17, 1929 Allen W. Laughrin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1929 to June 16, 1929 that I last saw h. alive on June 5, 1929, and that death occurred, on the date stated above, at 11 o m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

730
Chy myocardite (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

old age (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Ex.

(Signed) W. S. Byrne M. D.

6-18, 1929 (Address) 2757 aca ombe

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Salem Mo, June 18, 1929

20. UNDERTAKER

ADDRESS

Allen W. Laughrin 1631 Mission

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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