JUN 30 1937

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

Do not use this space.

21571

1. PLACE OF DEATH
County Texas — Registration District No. 1171 — File No.
Township Jackson — Primary Registration District No. 6145 — Registered No.
City (No. St. Ward)

2. FULL NAME Stillborn Cofeland

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Stillborn

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 23 / 37

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day hrs. or min.: Stillborn

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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): Raymondville Mo.

PARENTS
10. NAME OF FATHER: Carlos Cofeland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Raymondville Mo.
12. MAIDEN NAME OF MOTHER: Edwards
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Keytesville Mo.

14. INFORMANT: Virginia Cofeland
(Address) Raymondville Mo.

15. FILED May 23 1937 Mrs Dora Gregory REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 23 1937

17. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19 to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. L. Reed, M. D
, 19 (Address) Licking Mo

*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~~: Allen Cemetery — DATE OF BURIAL: May 24 1937

20. UNDERTAKER: Neighbors — ADDRESS: Raymondville Mo

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