

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Webster
Township Jackson
City Ellsland (No. _____)

Registration District No. 899
Primary Registration District No. 6205

File No. 32125
Registered No. 6

2. FULL NAME

(a) Residence, No. Calhoun Md St., _____ Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred no yrs. 3 mos. x 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13, 1851

7. AGE YEARS 86 MONTHS 5 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

13. NAME Hiram Cofer

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

15. MAIDEN NAME Mary Hancock

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

17. INFORMANT Chas Cofer (ADDRESS) Marshall, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant View DATE July 18, 1937

19. UNDERTAKER Rex Rainey (ADDRESS) Marshall, Missouri

20. FILED July 19, 1937 Registrar J. M. Waring

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1937

I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1937 to July 17, 1937. I last saw him alive on July 16, 1937. Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis

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) E. M. Bailey, M. D. (Address) Ellsland Mo

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.

