

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.

*D. C. H. Outt*  
*Trisco Bldg*  
 REC'D MAY 10 1938

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

14913  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Gaspar Co. Registration District No. 411  
 (b) Township Patena Primary Registration District No. 2002  
 (c) City Patena (d) Street No. 2203 St. John's Hosp. Registered No. Patena Mo.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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**

(a) Residence, No. 1802 South Moyer Aved. City  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, give county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margylene Coffey</u> <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-28-1888</u>		
7. AGE <u>49 yrs.</u>	YEARS <u>8 mos.</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Trans. for Truck</u>		11. Total time (years) spent in this occupation <u>7 weeks ago</u>
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Driver</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CAMDEN MO</u> <u>Miller Co, Miss.</u>		
13. NAME <u>Thomas B. Coffey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden Mo.</u>		
15. MAIDEN NAME <u>Hora Schooley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Edith Bell</u> <u>Liberalville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Santha Cemetery</u> DATE <u>4-19-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Berkey Funeral Home</u> <u>Mulberry St.</u>		
20. FILED <u>4-18-38</u> <u>Ed James</u> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-17-38 to April 17, 1938  
 I last saw him alive on April 17-8<sup>PM</sup>, 1938. Death is said to have occurred on the date stated above, at 2 A m.  
 The principal cause of death and related causes of importance were as follows:  
Ulceration Tuberculosis  
Pulmonary & Cardiac  
formations  
 Date of onset 23

Other contributory causes of importance:  
Post-operative sepsis  
catarrh

Name of operation Appendectomy Date of Mar/31  
 What test confirmed diagnosis? X-ray Was there an autopsy? no

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) Ed James, M. D.  
 (Address) 616 Trisco Bldg  
Patena Mo.

For affidavit see mine file # 90 - 1938

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**