

AUG 20 1937

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

Do not use this space.

27058

1. PLACE OF DEATH

County CooperRegistration District No. 218

Township

Primary Registration District No. 3015City Boonville(No. St. Joseph Hospital)

File No.

Registered No. 63

St.

Ward

2. FULL NAME Carl Newton Coffman(a) Residence, No.
(Usual place of abode)

St.

Ward.

(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

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

July 27-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or 30 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as planner,
sawyer, bookkeeper, etc.child9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Boonville
Missouri

FATHER

13. NAME Henry Gwing Coffman14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Waldridge
Missouri

MOTHER

15. MAIDEN NAME Josephine Marie Scheibner16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Waldridge
Missouri17. INFORMANT Mrs. C. O. Scheibner
(ADDRESS) Waldridge, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Copp Chapel DATE 7-28 193719. UNDERTAKER
(ADDRESS)None20. FILED Aug 3 1937De Cooper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1937

22. I HEREBY CERTIFY, that I attended deceased from

July 27, 1937, to July 27, 1937I last saw him alive on July 27, 1937. Death is saidto have occurred on the date stated above, at 7:30 p. m.

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

enlarged heart and
enlarged kidneys

Date of onset

Other contributory causes of importance:

Baby was born by cesarean
section and died soon after
birthName of operation none Date of 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? noIf so, specify
(Signed) , M. D.(Address) Boonville, Missouri

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.

