

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

Do not use this space.

11595
1372

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township East Primary Registration District No. _____
City Tracy (In _____) _____

File No. _____
Registered No. _____
St. _____ (Word) _____

2. FULL NAME

(a) Residence No. 4238 Tracy 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie E. Coleman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hr. or ____ min.
61 7 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park Co. Indiana

10. NAME OF FATHER Wm. S. Coleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jackson

12. MAIDEN NAME OF MOTHER Catharine Gorman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Albert R. Coleman 45-47 Ames Ave.

15. FILED 4/2 19 27 John A. Crow

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 1927

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1927, to April 1, 1927 that I last saw him alive on April 30, 1927, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism

CONTRIBUTORY (SECONDARY) 92 Thrombosis of osmentum (duration) 3 1/2 hrs. mos. da.

18. WHERE WAS DEATH REPORTED? Home
PLACE AT PLACE OF DEATH? 4218 Tracy
DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 30, 27
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. H. Gorman, M. D.
4/1 1927 (Address) 45 Ames Ave.

*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
Forest Hill 4/4 1927

20. UNDERTAKER ADDRESS
Miss C. L. French 918 Brooklyn

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.

A. H. Embury

Name: Oliver F. Coleman

Who died at: Kansas City, Mo., on April 1, 1927,

Residence: No. 4238 Piney St. K.C. Mo.
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years 30 Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Pulmonary Embolism

Contributory: Thrombosis of Omentum

and appendix with appendicitis

Where was disease contracted? 4238 Piney

Did operation precede death? no Date of Mar 30 1927

Was there an autopsy? no What test confirmed diagnosis? autopsy

Name of physician: Dr. Elm ...

Address of physician: 914 East 9th St. K.C. Mo.

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