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.

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

Do not use this space.

989

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 7

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 4

City: Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Robert Lee Coleman

(a) Residence. No. 3307 Woodland St. 13 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. 13 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr-23-1875

7. AGE: Years 52 — Months 8 — Days 8 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): 131 95B
(c) Name of employer: 111B

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Mexico

PARENTS
10. NAME OF FATHER: Louis Coleman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Ann Allison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

14. INFORMANT: Mossie Coleman. (Address) 3307 Woodland

15. FILED Jan 3, 1928 M. M. Crowe REGISTRAR Asst

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1927, to Jan 1, 1928 that I last saw him alive on Dec 31, 1927, and that death occurred, on the date stated above, at 2 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
Cardiac hypertrophy
129A (duration) 30 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pulmonary Congestion (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3307 Woodland

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Blood chemistry, etc

(Signed) Herbert T. Vanorden, M. D

1-3-, 1927 (Address) 918 Med. Arts Bldg

*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: Forest Hill — DATE OF BURIAL: Jan-3 1928

20. UNDERTAKER: D W Newcomer's Sons — ADDRESS: K. C. Mo.

~~Dr Hunt~~ Research Map
Dr Van Orden 1:30 918 Med Arts.