

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Luke's Hosp.)

File No. 4968
 Registered No. 627
 St. _____ Ward _____

2. FULL NAME

Hena Coleman
 (a) Residence. No. 4211 Highland St. / 5 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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Amer</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF <u>P.E. Coleman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept-28-1903</u>		
7. AGE <u>24</u>	YEARS <u>4</u>	MONTHS <u>14</u>
		DAYS <u>14</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Nevada

PARENTS	10. NAME OF FATHER <u>Pete Pesce</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Italy</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Pesce</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Italy</u>

14. INFORMANT P.E. Coleman
 (Address) 4211 - Highland

15. FILED 2/13, 19 28 M. M. Cemine
 REGISTRAR Assr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 19 28

17. I HEREBY CERTIFY, That I attended deceased from act _____, 1927, to Feb 12, 1928 that I last saw h. ex alive on Feb 12, 1928, and that death occurred, on the date stated above, at 3.15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhagic Purpura
73A
73A
73A
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Left Ovarian. 6 yrs
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 26, 1927
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) H. E. Robbins, M. D.
Feb 12, 1928 (Address) 800 Pinalto 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 Feb. 14, 1928

20. UNDERTAKER Mrs Foster ADDRESS K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

10-10-66

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