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

Do not use this space.

37021

File No. 1-6

Registered No. 1

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3319 Highland Avenue St. 13 Ward)
Registration District No. 399
Primary Registration District No. 1082

2. FULL NAME Mary A. Coleman
(a) Residence. No. 3319 Highland Ave 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. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 17 - 1895

7. AGE: Years 33 | Months 3 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John Coleman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Mary O'Holiessey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs John Coleman
(Address) 3319 Highland Avenue

15. FILED 11/21, 1928 M. M. Corcoran
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1928, to Nov 20, 1928, that I last saw her alive on Nov 20, 1928, and that death occurred, on the date stated above, at 10/45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1(a) Mitral Regurgitation
(b)
(c) (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial asthma - 1 week
Cardiac hypertrophy ?
Chronic Nephritis ?
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory and Physical findings
(Signed) Dora Kruegen, M. D
11/21, 1928 (Address) 220 Argyle 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: Mt St Mary's Cemetery
DATE OF BURIAL: 11-23 1928

20. UNDERTAKER: John J. Sheehan
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.

Dr [illegible] Kruegar
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