

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

Do not use this space.

1936

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

File No. 5108

Township Kearney

Primary Registration District No. 1002

Registered No. 5108

City Kansas City (No. 8th & Santa Fe)

St. Mo. Ward 43

**2. FULL NAME**

(a) Residence. No. Richard Coleman St. Kansas City, Mo.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jun 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 40 hrs. or 0 min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common Labor

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Coroner's Office (Address) Jackson Co.

15. FILED 296 295 M. M. Coroner REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12-29

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner

that I last saw h. 19 alive on 1, 19 29, and that death occurred, on the date stated above, at 1 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Accidental - Street Car  
traumatism (duration) 209 yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY) Fractured skull

(duration) 0 yrs. 0 mos. 0 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH? DATE OF...

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Coroner M. D.

My. 19 (Address) Deputy Coroner

\*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

Blue Ridge Feb 9 19 29

20. UNDERTAKER

ADDRESS

Adkins Bros 2000 E. 12th



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City W. City (No. ....)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 398  
St. .... Ward)

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work.....  
(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT.....  
(Address)

15.

FILED 76, 19 29 M. M. Crover  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1929

17. I HEREBY CERTIFY, That I attended deceased from....., 19..... to....., 19..... that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Accidental - Street car  
fractured skull  
No auto involved  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTO PSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)....., M. D.  
, 19 (Address)

\*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

20. UNDERTAKER

ADDRESS

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.

LAW ALL NOT RECEIVE A FEE FOR CERTIFICATE. UNTIL THEY ARE COMPL

SUPPLEMENT

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