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.

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

Do not use this space.

13651

MAY 29 1929

1. PLACE OF DEATH
County Washington
Township Union
City ..... (No. ..... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6182

File No. .....
Registered No. 40

2. FULL NAME Mary Louise Coleman

(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: 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) Oct. 29-1856

7. AGE: Years 71 Months 4 Days 2 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Old Mines
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER J. C. Coleman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Old Mines
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary J. Bouchard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Old Mines
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Lytle Jackson
(Address) Cadet, Mo.

15. FILED 4/23, 1929 Jos. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ....., 1926, to Mar. 1, 1928 that I last saw her alive on May, 1926, and that death occurred, on the date stated above, at 11 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Lesion
[illegible] (duration) 2 yrs. — mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Rheumatic Arthritis (duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) S. F. Thurman, M.D.
Apr. 2, 1928 (Address) Potosi, Mo

*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: Old Mines Mo.
DATE OF BURIAL: 3-2 1928

20. UNDERTAKER: Boyer & Son
ADDRESS: Potosi Mo