

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

Do not use this space.
1331

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 1221 E. 22nd, St.) St. _____ Ward _____

File No. _____
Registered No. 162
St. _____ Ward _____

2. FULL NAME Jess Coleman

(a) Residence. No. 1221 E. 22nd St. St. 4 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>Male</u> | 4. COLOR OR RACE <u>Colored</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>Mattie Coleman</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unk 1875</u> | | |
| 7. AGE <u>56</u> | YEARS | MONTHS |
| | | DAYS |
| | If LESS than 1 day, _____ hrs. or _____ min. | |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Cook</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 10th, 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 Jan 10 1931 that I last saw h. alive on Jan 6, 1931 and that death occurred, on the date stated above at 11 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Myel arthritis e
Acute rheumatism and
decompensation
(duration) 2 yrs mos. ds.
CONTRIBUTORY (SECONDARY) Arthritis (Syphilitic??)
(duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

| | |
|---------|---|
| PARENTS | 10. NAME OF FATHER <u>Allen Coleman</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Sarah Hamilton</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u> |

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 clinical
(Signed) ORL others M. D.
11 181 (Address) 636 Lafayette St. KC Mo

14. INFORMANT Daisy Moore
(Address) 1221 E. 22nd, St.

*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.

15. FILED 1/13 31 M.M. Crowe
1931 REGISTRAR hson

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cemetery DATE OF BURIAL Jan 14 1931
20. UNDERTAKER West, Appleton & Jones ADDRESS K.C. Mo.

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.

