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

Do not use this space.

18528

File No. .....

Registered No. 31

1. PLACE OF DEATH

County Lawrence — Registration District No. 470

Township Mt Vernon South — Primary Registration District No. 4283

City Mt Vernon (No. ..... St. ..... Ward)

2. FULL NAME Stella Camel 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 40 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Wm H. Coleman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4 — 1846

7. AGE: 84 YEARS, 6 MONTHS, 6 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Allen Co
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Chas Pearson

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

12. MAIDEN NAME OF MOTHER Sarah Goodrum

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

14. INFORMANT J. C. Coleman
(Address) Sapulpa Okla

15. FILED June 11, 1931 W. J. Fulton
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to May 10, 1931, that I last saw her alive on May 5, 1931, and that death occurred, on the date stated above, at 10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis, Tuberculosis Hat Amonstrated

106 B (duration) 20 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) age (duration) 106 B yrs. mos. 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) W. J. Fulton, M. D

, 19 (Address) Mt Vernon 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: I.O.O.F. Cemetary

DATE OF BURIAL: 5/11/31 19

20. UNDERTAKER: Geo Orr

ADDRESS: Mt Vernon 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.

JUN 27 1931