

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

Do not use this space.

Dr. Partridge

1. PLACE OF DEATH

County St. Louis Registration District No. 318
Township Springfield Primary Registration District No. 2041
City Springfield (No. 805) Market St. _____ Ward _____

Registered No. **98031 605**

2. FULL NAME

(a) Residence, No. 805 Market 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield MO

13. NAME James Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Bessie Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) James Coleman

18. BURIAL, CREMATION OR REMOVAL PLACE ashburn DATE Aug 18 31

19. UNDERTAKER (ADDRESS) W. H. Stoney

20. FILED 8-18 1931 John Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1931 to Aug 18 1931
I last saw her alive on Aug 17 1931 Death is said to have occurred on the date stated above, at 3:45 m.
The principal cause of death and related causes of importance were as follows:

Stable Angina pectoris
67 15 9
Other contributory causes of importance:
Prematurity

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Chas. Partridge, M. D.
(Address) 214 1/2 Jefferson

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.

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