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

Do not use this space.

28916/08

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

1. PLACE OF DEATH
County New Madrid
Township Lesser
City Point Pleasant (No. ..... St. ..... Ward)

Registration District No. 604
Primary Registration District No. 5806

2. FULL NAME Virgie Marie 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.

SEP 24 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-26-1929

7. AGE: Years 1 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. .....
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) Bernie Mo

FATHER
13. NAME Roy Coleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest City Ark

MOTHER
15. MAIDEN NAME Virgie Florence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville Mo

17. INFORMANT (ADDRESS) Roy Coleman Point Pleasant
18. BURIAL, CREMATION, OR REMOVAL Williams Cemetery 8-16 31
19. UNDERTAKER (ADDRESS) E M Payne Portageville Mo
20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16 31

22. I HEREBY CERTIFY, That I attended deceased from 8/13/31, 1931, to 8/16/, 1931
I last saw him alive on 8/15/ 1931, 19..... Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	
Marasmus	
13B	
13B	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) Claude McRaven M. D.
(Address) Marston, Mo.

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: New Madrid — Registration District No. 604 — File No.
Township: Lesueur — Primary Registration District No. 5803 — Registered No. 108
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Verge Marie 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S.

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

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

7. AGE: Years 1 — Months 7 — Days 20 — 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) Bernie, Mo.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: Ray Coleman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Forestville
(STATE OR COUNTRY) Ark.
12. MAIDEN NAME OF MOTHER: Minnie Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Portageville
(STATE OR COUNTRY) Mo.

14. INFORMANT: Mary Coleman
(Address) Pt. Pleasant

15. FILED 1/8, 1931 — M. Bamm — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 8/13, 1931 to 8/16, 1931, that I last saw h. alive on 8/15, 1931, and that death occurred, on the date stated above at 6:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

bacillary dysentery
moraseptic

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... 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) Claude McKaren, M. D.
, 19 (Address) Marston, 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: Wilkins Cem. — DATE OF BURIAL: 8/16 1931
20. UNDERTAKER: R. M. Payne — ADDRESS: Portageville

SUPPLEMENTARY

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 important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED

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