

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

Do not use this space.

3294

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1033
City City Hospital #2 (No. 1256lem)

File No.....
Registered No. 1069
St..... Ward.....

2. FULL NAME

(a) Residence, No. 1256lem St. 25 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>Female</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>John H Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>abt 56</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>233</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Domestic</u>		
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) <u>La 2</u>		
13. NAME <u>Edmond Coleman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>		
15. MAIDEN NAME <u>Martha Black</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>		
17. INFORMANT <u>Sallie Hoard</u> (ADDRESS) <u>1320 N - Elliott</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father's Burial</u> DATE <u>Feb 1 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Atkins</u> <u>3317 Morgan St</u>		
20. FILED <u>1</u> 1932 19 <u>Miss C. Starker</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27 1932

22. I HEREBY CERTIFY that I attended deceased from No Physician 19..... to Accidental 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage of Brain Date of onset
Fractured Skull
Struck with axe got

Other contributory causes of importance:
Homicide

Name of operation 175-200 Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury 1-23-32
Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury Struck with axe
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. W. Turner, M. D.
(Address) Dep. Coroner

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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