

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.

JUL 26 1932

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

Do not use this space.

20312

1. PLACE OF DEATH

74 County Madaway Registration District No. 624 File No.
Township Hopkins Primary Registration District No. 4375 Registered No. 9
8 City Hopkins (No.) St. Ward)

2. FULL NAME

Lydia Margaret Coleman
(a) Residence, No. Hopkins St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Coleman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2, 1855</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	11. Total time (years) spent in this occupation <u>50 yrs</u>
	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) <u>Jan. 1932</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Ohio</u>		
FATHER	13. NAME <u>Simpson Lirasu</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Caroline Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cochran Missour</u>	
17. INFORMANT <u>Mrs. M. M. Rowling</u> (ADDRESS) <u>Hopkins Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopkins Mo</u> DATE <u>July 1, 1932</u>		
19. UNDERTAKER <u>F. L. Williams</u> (ADDRESS) <u>321 1/2 N. Taylor</u>		
20. FILED <u>7/1</u> 19 <u>32</u> <u>W. H. Taylor</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932 to June 29, 1932
I last saw her alive on June 28, 1932 Death is said to have occurred on the date stated above, at 9 A. M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach Date of onset 11/1/32
4615
Other contributory causes of importance:
(D)
Name of operation None Date of
What test confirmed diagnosis? Chemical 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) W. H. Taylor M. D.
(Address) Hopkins Mo

