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.

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

Do not use this space.

21291

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Encount to City Hospital # 2 St. ..... Ward)

File No. ..... Registered No. 5848

2. FULL NAME Viola Coleman

(a) Residence, No. 3303 Laclede Ave St., 21 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 Female

4. COLOR OR RACE Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 23. 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	2	22	

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. None

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) St. Louis Mo

FATHER

13. NAME William Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Tenn

MOTHER

15. MAIDEN NAME Dora Weatherspoone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton K. Y.

17. INFORMANT (ADDRESS) Dora Coleman 3303 Laclede Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE 6-22 1932

19. UNDERTAKER (ADDRESS) [illegible] 3317 Morgan St

20. FILED JUN 21 1932 19 Max [illegible] Registrar. 6/19/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 15 m.

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

	Date of onset
107A	
Bronchopneumonia	
(Primary)	

Other contributory causes of importance: 107A

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 No Injury

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) Dep Coroner