

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

Do not use this space.

25645

1. PLACE OF DEATH *Cass*
 County *Cass* Registration District No. *456*
 Township *West Peculiar* Primary Registration District No. *4090*
 City *Harrisonville* No. _____ St. _____ Ward _____

2. FULL NAME *Nancy S. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 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) *Sept 1 1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 11 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Keeper*

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) *Bath* (STATE OR COUNTRY) *Summit Co Ohio*

13. NAME *Chester Coleman*

14. BIRTHPLACE (CITY OR TOWN) *Comet* (STATE OR COUNTRY) _____

15. MAIDEN NAME *Harrah Stephenson*

16. BIRTHPLACE (CITY OR TOWN) *Ohio* (STATE OR COUNTRY) _____

17. INFORMANT *M. C. Coleman* (ADDRESS) *Union Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Seaboth, Kansas* DATE *Aug 13 1932*

19. UNDERTAKER *A. W. Harbled* (ADDRESS) *East Spring Mo.*

20. FILED *8112* 19*32* *A. S. Long* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 11* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 11* 19*32*, to *Aug 11* 19*32*. I last saw him alive on *Aug 11* 19*32*. Death is said to have occurred on the date stated above, at *8:30 P.M.*

The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction (Date of onset)

Other contributory causes of importance:
1270

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 *David S. Long* M. D.
 (Signed) *Harrisonville Mo*
 (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 22 1932

OCCUPATION

MOTHER FATHER

1947

of OCCUPATION

as

any

in

by

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pass

Registration District No. 156

Township Harrisonville

Primary Registration District No. 4090

City (No. Harrisonville)

File No. _____

Registered No. 32

St. _____ Ward _____

2. FULL NAME

(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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19__ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1932

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

I last saw him _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

intestinal obstruction
- VOLVULUS

Date of onset _____

Other contributory causes of importance: 122B

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. No fee for information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SIGN & STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-25645