

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

Do not use this space.

2654141

File No. 2  
Registered No. 159  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jasper  
Township 1115  
City Asbury Mo (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 418  
Primary Registration District No. 5572

**2. FULL NAME** Gladys 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30 1905</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>2</u>	DAYS <u>22</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>House Wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</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) Cherokee Co  
(STATE OR COUNTRY) Kansas

FATHER  
13. NAME James Monroe Sellers  
14. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Ella E. Cooper  
16. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

17. INFORMANT Mr Harold Coleman  
(ADDRESS) Asbury Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Waco Mo. DATE Aug. 24. 1932

19. UNDERTAKER Steele Und Co.  
(ADDRESS) Webb City Mo.

20. FILED Aug 23 1932  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 23, 1932<sup>19</sup>  
22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1932, to 8-22, 1932  
I last saw h. u. alive on 8-22, 1932 Death is said to have occurred on the date stated above, at 3 P m.

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

Date of onset  
8-21-2

Other contributory causes of importance:  
128. 1329

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 W A McKelvey, M. D.  
(Signed) \_\_\_\_\_  
(Address) Asbury Mo.

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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