

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

Do not use this space.

40391

1. PLACE OF DEATH

54 County Kalawatta Registration District No. 460
3 Township Dunes Primary Registration District No. 4272
3 City Corder (No.) St. Ward

File No.
Registered No. 78

2. FULL NAME

Wm Charles 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Chief
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1931
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 10 26

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.
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) Corder Mo

FATHER 13. NAME Owen Coleman

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

MOTHER 15. MAIDEN NAME Elvona Sprinkle

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

17. INFORMANT (ADDRESS) Mr Owen Coleman Corder Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Corder, Mo DATE Dec 8 1932

19. UNDERTAKER (ADDRESS) Wagner & Muensterhagen 1211 S. W. 1st St. Corder Mo

20. FILED 12-7- 1932 Dr. W. A. Braeckler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1932, to Dec 6, 1932

I last saw him alive on 12-6, 1932 Death is said to have occurred on the date stated above, at 6:30 m.

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

Broncho pneumonia Date of onset 11-26-32
Acute Bronchitis 12-2-32

Other contributory cause of importance:

Name of operation Date of

What test confirmed diagnosis? None 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?
If so, specify

(Signed) Ralph G. Jiles, M. D.
(Address) Corder, 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.

Jan 27 1933

