

MAR 27 1933

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.
8982

1. PLACE OF DEATH
27 County Cooper Registration District No. 115
Township Saline Primary Registration District No. 5306
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME Delia Belle 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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wm Coleman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12th 1887
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
45 11 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Jan. 1933
11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goods Mill Cooper Mo.

13. NAME Henry Taylor

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

15. MAIDEN NAME Betty Shelby

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

17. INFORMANT (ADDRESS) John Wm Coleman
Adenton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Goods Mill DATE March 4th 1933

19. UNDERTAKER (ADDRESS) Wm W Warnhoff
Cooper Mo.

20. FILED 3-4 19 33 W. H. Trooper
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2nd 1933
22. I HEREBY CERTIFY, That I attended deceased from 2-26-33 to 3-2-33
I last saw him alive on 2-28-33, 19 33. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

acute nephritis
Convulsions
2-26-33
Other contributory causes of importance:
Arterio Sclerosis
Date of onset 2-23-33

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) A. Meredith, M. D.
(Address) Franklin Ave

