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.

22157

1. PLACE OF DEATH
110 County Washington — Registration District No. 887 — File No.
Township Union E — Primary Registration District No. 6182 — Registered No. 37
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Albert E. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 24 1882

7. AGE: YEARS 51 — MONTHS 3 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Old Mines Mo

FATHER
13. NAME: Francis Coleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Mines Mo

MOTHER
15. MAIDEN NAME: Sylvia Boyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Mines Mo

17. INFORMANT (ADDRESS): Mrs. Victoria Coleman Cadet Mo R1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old Mines Mo DATE: 6 - 17, 1933

19. UNDERTAKER (ADDRESS): Boyer & Son Potosi Mo

20. FILED 6-16, 1933 Jos. L. Thurman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/14, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to June 14, 1933
I last saw him alive on June 13, 1933. Death is said to have occurred on the date stated above, at 9 a.m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
23A	
23	

Other contributory causes of importance: —

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) G. F. Cresswell, M. D.
(Address) Potosi Mo