

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

Do not use this space.

23544

1. PLACE OF DEATH

50 County Jesserson
Township Jesseman
City St. Charles

Registration District No. 421
Primary Registration District No. 5-575

File No. _____
Registered No. 71
St. _____ Ward _____

2. FULL NAME

Theodore Daley Coleman

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 - 1888

7. AGE YEARS 45 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smelter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joe Lead Co.
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) Washington Co. Mo.

13. NAME Gabe Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

15. MAIDEN NAME Louise Mercile

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

17. INFORMANT (ADDRESS) Mrs. May Coleman
St. Charles

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic cemetery DATE 7-19 1933

19. UNDERTAKER (ADDRESS) Link Burd. Co.
St. Charles

20. FILED 7/19 1933 J. E. Rutledge
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 1933

22. I HEREBY CERTIFY That I attended deceased from June 15th 1933 to July 18 1933
I last saw him alive on July 17th 1933 Death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:

Endocarditis
Myocarditis
Date of onset _____
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? no

If so, specify D. O. E. Hendley
(Signed) _____ (Address) Haroldson Mo.

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.

AUG 26 1933

