

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.

JUN 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Washington
Township Union
City Union (No. _____)

Registration District No. 887
Primary Registration District No. 6189

File No. 35477-a
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Julia 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lewis Coleman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 3 - 1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>8</u>
	DAYS <u>7</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>Housewife</u>	
	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) <u>Oldsmo Mo.</u>		
FATHER	13. NAME <u>Francis J Bequett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oldsmo Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Lutilda Fordell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oldsmo Mo.</u>	
17. INFORMANT (ADDRESS) <u>Lewis Coleman</u> <u>Coast Mo R 1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oldsmo Mo</u> DATE <u>10-12-33</u>		
19. UNDERTAKER (ADDRESS) <u>J. B. Boyer & Son</u> <u>Patton Mo</u>		
20. FILED <u>Jun 10 1934</u> <u>G. F. Brasewell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/12 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1933 to 10-12 1933
I last saw her alive on 9-2 1933 Death is said to have occurred on the date stated above, at S.A. m.
The principal cause of death and related causes of importance were as follows:
Valvular heart lesion -
92A
92A
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) Jos. L. Furman, M. D.
(Address) Patton, Mo.

