

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

Do not use this space.

36773

1. PLACE OF DEATH
 County Jackson Registration District No. 329
 Town Kaw Primary Registration District No. 300
 City K.C. Mo. (No. 5840 Prospect) St. _____ Ward _____

2. FULL NAME Maurine Coleman
 (a) Residence, No. 5840 Prospect 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>Fe</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Guy C. Coleman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-17-1898</u>		
7. AGE YEARS <u>35</u>	MONTHS	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....
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).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
13. NAME <u>J. T. Breeding</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Nelma Green</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT <u>Guy C. Coleman</u> (ADDRESS) <u>5840 Prospect</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>12-25-1933</u>		
19. UNDERTAKER <u>Mrs. C. L. Forster</u> (ADDRESS) <u>K.C. Mo.</u>		
20. FILED <u>Nov 30 1933 M. M. Morrow</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1933, to Nov. 29 1933
 I last saw her alive on Nov. 28 1933. Death is said to have occurred on the date stated above, at 2:13 a.m.
 The principal cause of death and related causes of importance were as follows:
Tumor of brain non-malignant
 Date of onset 7/1/33
540
10
 Other contributory causes of importance:
Insufficient

Name of operation none Date of _____
 What test confirmed diagnosis? Physical Exam 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? no
 If so, specify _____

(Signed) M. M. Morrow M. D.
 (Address) 3030 Walling Park Bldg. K.C. 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.

NOV 30 1933

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