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

Do not use this space.

File No. 266

Registered No. 83

1. PLACE OF DEATH

County: Buchanan

Registration District No. 85

Township:

Primary Registration District No. 1001

City: St. Joseph, (No. 1701 Savannah Ave. St. Ward)

2. FULL NAME: John B. Coleman

(a) Residence, No. 1701 Savannah Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 16, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	81	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Leather worker and collar maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wyeth Hdw. & Mfg. Co.

10. Date deceased last worked at this occupation (month and year): 1914

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Independence, Mo.

FATHER

13. NAME: Albert Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond, Va.

MOTHER

15. MAIDEN NAME: Lucinda Sutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Danville, Ky.

17. INFORMANT (ADDRESS): Mrs. Mary E. Coleman, 1701 Savannah Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fairview Cemetery DATE: Jan. 23, 1934

19. UNDERTAKER (ADDRESS): Walter Meierhofer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 1-22-, 1934 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 19, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 19, 1934. I last saw him alive on Jan 19, 1934. Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1/16/34
Chronic nephritis	?
Cancer of prostate gland	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Clinical 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) Leroy Beck, M. D.
(Address) King Hill Bldg, St. Joseph, Mo.

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.

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

B 2 1934