MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Macon — Registration District No. 528 — File No. 1842-A
Township — Primary Registration District No. 4314 — Registered No.
City Callao (No. , St. Ward)

2. FULL NAME Chas. Colman

(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Biddy Jane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20 1839

7. AGE YEARS 94 MONTHS 4 DAYS 27 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) W. Y. C. (N.C.)

FATHER
13. NAME Charles Colman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Y. C.

MOTHER
15. MAIDEN NAME JANE BELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT (ADDRESS) Jay S. Colman Callao Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Old Chariton Cem DATE 19

19. UNDERTAKER (ADDRESS) Perry & Son Callao Mo.

20. FILED 1/16 1934 H. L. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934, to Jan. 16, 1934
I last saw him alive on Jan 15, 1934 Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy Cerebral

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
(Signed) H. Welch, M. D.
(Address) Callao Mo.