FEB 27 1934

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

Do not use this space.

File No. 3285

Registered No. 919

1. PLACE OF DEATH

County

Township

City St Louis (No. St. Johns Hosp. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Marville Coleman

(a) Residence, No. St., N R Ward. Festus, Mo
(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: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 18 - 1920

7. AGE: Years 13 | Months 10 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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) Festus Mo

FATHER

13. NAME Walter Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER

15. MAIDEN NAME Buckner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festus Mo

17. INFORMANT Mrs Walter Coleman
(ADDRESS) Festus, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE Jan 28 1934

19. UNDERTAKER Albert H. Hoppe
(ADDRESS) 4290 N Euclid

20. FILED ....., 19.. J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1934, to January 25, 1934

I last saw him alive on January 25, 1934. Death is said to have occurred on the date stated above, at 3 P.m.

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

	Date of onset
1a	
Bronchio-Pneumonia	Jan 18, 1934
primary	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) A. P. Munsch, M. D.

(Address) 306 Humboldt Bldg. St Louis 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

100M-11-24-33