RHODES

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

FEB 8 1935

Do not use this space. A

File No. 13756

Registered No.

1. PLACE OF DEATH
County Pemiscot
Township
City Steele Mo (No. , St. Ward)

Registration District No. 655
Primary Registration District No. 4397

2. FULL NAME Willie M 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Jackson Tenn

FATHER
13. NAME David D. Hayes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn

MOTHER
15. MAIDEN NAME Wallace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn

17. INFORMANT John Coleman (ADDRESS) Steele Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holly Grove DATE 4-10-1934

19. UNDERTAKER German Undt Co (ADDRESS) Steele Mo

20. FILED 5/1 1934 Max L. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10- 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h alive on , 19. Death is said to have occurred on the date stated above, at a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Intestines	
25	
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) J M Rhodes Coroner M. D.
(Address) Hayti 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.

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