

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

Do not use this space.

1. PLACE OF DEATH

County Putnam Registration District No. 508
Township Shillico Primary Registration District No. 3026
City Shillico (No. _____) St. _____ Ward _____

File No. 25382

Registered No. 96

2. FULL NAME Lee K 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Jessie Coleman</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-7-1883</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>8</u>	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	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) <u>Lamar Mo</u>				
FATHER	13. NAME <u>Jasper Coleman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Eleonore Dehaven</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Jessie Coleman Shillico Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri</u> DATE <u>July-13-1934</u>				
19. UNDERTAKER (ADDRESS) <u>J. D. Norton Shillico Mo</u>				
20. FILED <u>July 12, 1934</u> <u>Donald K. Powell</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1934

22. I HEREBY CERTIFY That I attended deceased from Did not attend, to Deceased, 19____.

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4.9 m.

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

Stychnine Poisoning July 11/34

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Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Hunting Test Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury _____, 19____
Where did injury occur? Shillico Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Stychnine Poisoning
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. Collier (Poisoning) Putnam Co Mo
(Address) Shillico 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.

AUG 14 1934

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