

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1934

Copy Original location mail

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

Do not use this space.

1. PLACE OF DEATH
County Marion Registration District No. 547
Township Mason Primary Registration District No. 3029
City Hannibal, Mo. (No. St. Elizabeth Hospital St. 6th Ward)

File No. 43666
Registered No. 358
St. 6th Ward

2. FULL NAME Thomas Sydney Coleman
(a) Residence, No. _____ St. _____ Ward. Philadelphia, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
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) Oct. 20, 1895
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
39 1 25

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15th, 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 About 11:45 P. M.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer working in gravel road (Highway #61)
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 _____

Fractured skull and internal injuries received in automobile accident when car struck stone and brick wall
Other contributory causes of importance: 2/0M

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

13. NAME Lafayette Coleman

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

15. MAIDEN NAME Rachel Rhodes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Willie Coleman (ADDRESS) Philadelphia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Philadelphia, Mo. DATE Dec. 18, 1934

19. UNDERTAKER Roy P. Schwartz (ADDRESS) Hannibal, Mo.

20. FILED Dec 18, 1934 R. W. Isbister Deputy Registrar

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 12/15, 34
Where did injury occur? Palmyra, Marion County, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place (Highway #61) Palmyra Mo.
Manner of injury Automobile accident
Nature of injury Head & Internal Injuries

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Cecil E. Schwartz, Coroner D. Hannibal, Marion Co., Mo.

