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.

JUL 24 1935

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

Do not use this space.

20416

1. PLACE OF DEATH
County Miss
Township Tywap
City Charleston Mo (No. ..... St. ..... Ward)

Registration District No. 566
Primary Registration District No. 5762

File No. .....
Registered No. 71

69

2. FULL NAME Jas Homer 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/10/35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
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) Charleston Mo

FATHER
13. NAME Homer Coleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Co. Ky

MOTHER
15. MAIDEN NAME Bessie Hardrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Co Ky

17. INFORMANT (ADDRESS) Homer Coleman Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 6/11 35

19. UNDERTAKER (ADDRESS) Nine Private

20. FILED 6-11- 1935 F S Vernon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1935, to ....., 19....
I last saw h. 1m alive on 6/11/35, 19..... Death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

Patent Foramen Ovale — Date of onset

Other contributory causes of importance: unknown

Name of operation none Date of .....
What test confirmed diagnosis? Cyanosis & Cl. Sympt. 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) E. Chas. Rolwing, M. D.
(Address) Charleston, Mo.