

SEP 19 1935

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

Do not use this space.

25568

1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia (No. _____)

File No. _____

Registered No. 157

St. _____ Ward _____

2. FULL NAME Marthaquiel Coleman(a) Residence, No. 309a Oak St. _____ Ward _____

(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 Male Negro 4. COLOR OR RACE Negro 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) 3-7-19357. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 24OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 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) Columbia, Mo.13. NAME Harry Coleman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Missouri15. MAIDEN NAME Margaret Warren16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Missouri17. INFORMANT (ADDRESS) Margaret Warren, Columbia, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra Cemetery DATE 8-6 193519. UNDERTAKER (ADDRESS) St. Luke's Park, Columbia, Missouri20. FILED 8/6/ 1935 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1 193522. I HEREBY CERTIFY, That I attended deceased from 8-1 1935, to 8-1 1935I last saw him alive on 8-1 1935 Death is saidto have occurred on the date stated above, at 10:4 am.

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

Septicemia 7-12-35

Other contributory causes of importance:

noneName of operation none Date of _____What test confirmed diagnosis? none Was there an autopsy? No

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) Lawrence C. Reed M. D.(Address) University Hospital

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.

