SEP 2 3 1935

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

Do not use this space.

27049

1. PLACE OF DEATH
County Marion
Township Union
City ~~Philadelphia~~ (No. ..... St. ..... Ward)

Registration District No. 549
Primary Registration District No. 5742

File No. 10
Registered No. .....

2. FULL NAME Perry G. 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 72 yrs. 11 mos. 11 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15-1862

7. AGE YEARS 72 MONTHS 11 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 all life

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

FATHER
13. NAME Perry Coleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y. State

MOTHER
15. MAIDEN NAME Manda Shyward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Ed Broksmith Philadelphia, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Philadelphia DATE 8/28 - 35

19. UNDERTAKER (ADDRESS) John C. Mead Palmyra, Mo.

20. FILED Aug 29, 1935 Wm. C. F. Tipton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1935, to Aug 27, 1935
I last saw him alive on Aug 26, 1935 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

46

Date of onset

Other contributory causes of importance:
Carcinoma of stomach
Cardiovascular disease
Senility

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? No
If so, specify .....
(Signed) Dr. C. E. Shriver D.O., ~~M. D.~~
(Address) Philadelphia, Mo.

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.

Sept 15 1862

Aug 26

1935
1862
73

11

72-11-11