

DEC 16 1935

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

Do not use this space.

35096

1. PLACE OF DEATH

County Bates Registration District No. 50
Township Mt. Pleasant Primary Registration District No. 3004
City Butler (No. Butler Memorial Hospital) St. _____ Ward _____

File No. _____

Registered No. 77

2. FULL NAME

Irena Elmira Coleman
(a) Residence, No. Adrian mo. 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 7 4. COLOR OR RACE W 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) May 6 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
13 6 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

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) Wright Mo.

13. NAME Robert Lee Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hume Mo.

15. MAIDEN NAME Leora Anna Shuffa

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

17. INFORMANT Robert Lee Coleman
(ADDRESS) Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wright Hill DATE 11/24 1935

19. UNDERTAKER Leath & Son
(ADDRESS) Adrian Mo.

20. FILED Nov 24 1935 Wanda L. Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8 1935 Nov. 22 1935

I last saw her alive on Nov. 22 1935 Death is said to have occurred on the date stated above, at 7:00 a. m.

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

General peritonitis following perforation and gangrene appendix.

Other contributory causes of importance:

Name of operation Appendectomy Date of Nov. 9

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? _____ 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) W. E. Robinson, M. D.

(Address) Adrian, Missouri.

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.

