DEC 16 1935

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

Do not use this space.

35310

File No.

Registered No. 226

1. PLACE OF DEATH

County Butler

Township

City Poplar Bluff Mo (No. , St. Ward)

Registration District No. 89

Primary Registration District No. 3007

2. FULL NAME Johnnie Lee Coleman

(a) Residence, No. (Usual place of abode) Campbell, Mo St., Ward. (If nonresident, give city or town and State) Campbell, Mo

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.

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16th 1935

7. AGE: Years — Months 9 — Days 29 — If LESS than 1 day, ...hrs. or ....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. —

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) Campbell Mo

FATHER

13. NAME Ed N. Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartly Arkansas

MOTHER

15. MAIDEN NAME Mary Campbell

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

17. INFORMANT (ADDRESS) Father Campbell, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elder Cemetery Campbell Mo. DATE 11-15-1935

19. UNDERTAKER (ADDRESS) Landers & Son Campbell, Mo.

20. FILED 11-15 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-13 1935, to 11-14 1935, I last saw alive on 11-14 1935. Death is said to have occurred on the date stated above, at 7 P m.

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

Intussusception — Date of onset 11-11-35

Other contributory causes of importance: Peritonitis

Name of operation Exploratory Date of 11-13-35

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?

If so, specify

(Signed) [signature], M. D.

(Address) Poplar Bluff 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD