

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.

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

Do not use this space.

DEC 17 1935

35349

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. _____
Township _____ Primary Registration District No. 3008 Registered No. 237
City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME

John Colman

(a) Residence, No. County Poor House St. _____ Ward. St. Charles Co., Mo.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 8 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Charles Co.
(STATE OR COUNTRY) Missouri

13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) D.K.
(STATE OR COUNTRY)

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) D.K.
(STATE OR COUNTRY)

17. INFORMANT Hospital records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Columbia, Mo.
PLACE Antonie Bone DATE Nov 18, 1935

19. UNDERTAKER J. O. Roberts
(ADDRESS) Columbia, Mo.

20. FILED Nov 18, 1935 D. M. Crew
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1935 to Nov. 17, 1935

I last saw him alive on Nov. 16, 1935 Death is said

to have occurred on the date stated above, at 6:50m. AM

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

Bronchial Pneumonia
Arteriosclerotic Ht. Dis.

Date of onset 11/14

Other contributory causes of importance

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? _____

If so, specify _____

(Signed) Jas. C. Mulvey, M. D.

(Address) Fulton, Mo.

