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.

JAN 15 1936

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

Do not use this space.

38506

1. PLACE OF DEATH

County Barton — Registration District No. 40 — File No.

Township — Primary Registration District No. 4024 — Registered No. 62

City Lamar (No. , St. Ward)

2. FULL NAME John D. Coleman

(a) Residence, No. Harrison Hospt. Rooms Ward. Milford, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15th 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
74	1	13	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeWitt County Illinois

FATHER

13. NAME Thomas Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Rebecca Collins

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

17. INFORMANT (ADDRESS) Wm. Coleman Milford, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Howell Cemetery DATE Dec 29th, 35

19. UNDERTAKER (ADDRESS) C. F. Konantz Lamar, Mo.

20. FILED Dec 29 1935 A. J. Mynatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec-27th, 1935, to Dec 28, 1935

I last saw him alive on Dec 27, 1935 Death is said to have occurred on the date stated above, at 3:30 m AM

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

Broncho-Pneumonia — Date of onset

Other contributory causes of importance: Fev.

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 C. E. Duckett

(Signed) , M. D.

(Address) Lamar Mo.