

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.

5048

1. PLACE OF DEATH

County Chariton Registration District No. 171
Township Keytesville Primary Registration District No. 8237
City (No.) St. Ward

File No.
Registered No. 7
St. Ward

2. FULL NAME

William Odee Coleman

(a) Residence, No. Co. Infirmary St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29-1870
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65- 9 24

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) M

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) John Rogers
Keytesville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Coyuth Cem DATE Feb 24 1936

19. UNDERTAKER (ADDRESS) G. W. B. Winkelmeyer
Salisbury, Mo

20. FILED 720 1936 Mrs Ray Dandrea Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1936

22. I HEREBY CERTIFY That I attended deceased from June 1 1935 to Feb 22 1936
last saw him alive on Feb 22 1936 Death is said to have occurred on the date stated above, at 9:11 a.m.

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

Chronic bronchitis
basis of lungs

Other contributory causes of importance: Prostatic disease

Name of operation none Date of
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) A. W. Williams, M. D.
(Address) Keytesville

