

JUN 24 1936

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

Do not use this space.

20157

1. PLACE OF DEATH

County New Madrid
Township Como
City Ringo (No. _____)

Registration District No. 605
Primary Registration District No. 4359

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ada Coleman

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George W Coleman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9, 1869</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>3</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936, to May 29, 1936
I last saw her alive on May 29, 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:
Empyema of Right Lungs
Chylous
Ephemeria - pneumonia
Date of onset May 1936
Duration 2 weeks
Date of death 5-29

Other contributory causes of importance:
184

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin Co Mo.</u>
MOTHER FATHER
13. NAME <u>Wate Moorhead</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>
15. MAIDEN NAME <u>Art Meritt</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT <u>Wm Fowler</u> (ADDRESS) <u>Rings</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Copson, Mo</u> DATE <u>5-30</u> 19 <u>36</u>
19. UNDERTAKER <u>none</u> (ADDRESS)
20. FILED <u>5/29</u> 19 <u>36</u> <u>Dr. Goodhue</u> Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis clinical 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. J. Bradshaw, M. D.
(Address) Copson Mo.

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.

