

JUL 24 1936

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

Do not use this space.

23634

1. PLACE OF DEATH

County *Montgomery*
Township *Bear Creek*
City (No.) (No.) St. Ward)

Registration District No. *11 589*
Primary Registration District No. *4349*

File No.
Registered No. *21*

2. FULL NAME

Martin B Coleman
(a) Residence, No. Ward.
(Usual place of abode) *University City*

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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 28 1867*

7. AGE YEARS *69* MONTHS *13* DAYS *23* If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Millwright*
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) *New Jersey*

13. NAME *David Coleman*

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

15. MAIDEN NAME *Margaret Kessner*

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

17. INFORMANT (ADDRESS) *Mrs Martha Coleman*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Janeyburg* DATE *June 23 36*

19. UNDERTAKER (ADDRESS) *C. A. Thubman*

20. FILED *Jun 27 1936* *E. R. Bell* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 24 1936*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Coronary artery disease - sudden death due to heart failure in which they were riding hit by train

Other contributory causes of importance: *None*

Name of operation *None* Date of
What test confirmed diagnosis? *July* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *Accident* Date of injury *6/24 1936*
Where did injury occur? *Mile West Janeyburg Mo. West Railway Crossing* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Car hit by train*
Nature of injury *Killed instantly*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *James O. Helm* M. D.
(Signed) *James O. Helm* (Address) *New Florence Mo.*

Coroner Montgomery Co 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.

