

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.

JUN 25 1936

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

Do not use this space.

23679

1. PLACE OF DEATH  
 County New Madrid Registration District No. 608  
 Township Catox Primary Registration District No. 1  
 City Catox (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lince Marie 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>—</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 24-1935</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>8</u>	<u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) <u>Catox</u> (STATE OR COUNTRY) <u>mo</u>		
FATHER	13. NAME <u>Wilson Coleman</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Miss</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Wink</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Miss</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Wilson Coleman</u> (ADDRESS) <u>Catox mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catox mo</u> DATE <u>June 4</u> 19 <u>36</u>		
19. UNDERTAKER <u>Richards Hild Co.</u> (ADDRESS) <u>New Madrid mo</u>		
20. FILED _____ 19 _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3-1936

22. I HEREBY CERTIFY, That I attended deceased from home June 2, 1936, 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 9 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Office Car  
Collis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

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) G. Wilson, M. D.  
 (Address) Lellean mo

Registrar

