

DEC 20 1936

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

Do not use this space.

41666

1. PLACE OF DEATH

County JeffersonRegistration District No. 420Township 2ndPrimary Registration District No. 3022City Desoto (No. _____)

St. _____ Ward _____

2. FULL NAME

(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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis J. Coleman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 18797. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 9 148. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Old Mines Mo.13. NAME Oscar Thabean14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Mo.15. MAIDEN NAME Bridget Boyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Mo.17. INFORMANT (ADDRESS) Raymond Coleman Desoto, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto DATE Nov 19 193619. UNDERTAKER (ADDRESS) Daniel J. Mahan Desoto, Mo.20. FILED Nov 23 1936 May Prendergast Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1936, to Nov. 17 1936I last saw him alive on Nov. 16 1936 Death is said to have occurred on the date stated above, at 3:19 a. m.

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

Cerebral hemorrhage
General arterio-sclerosisDate of onset Nov. 1, 1936
years

Other contributory causes of importance:

nephrosclerosis
5 yearsName of operation none 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 noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Mark V. McQuinn, M. D.
(Address) Edgar Building Desoto, 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.

