

JAN 29 1937

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

Do not use this space.

42385

1. PLACE OF DEATH

County St. Louis Registration District No. 333
Township St. Ferdinand Primary Registration District No. 4468
City Kinlock, Mo. St. _____ Ward _____

File No. _____
Registered No. 220

2. FULL NAME Marion Coleman

(a) Residence, No. Kinlock, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE color 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 6 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. haberdashery
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) Miss

FATHER 13. NAME Joe Coleman

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

MOTHER 15. MAIDEN NAME Ruecy Newell

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

17. INFORMANT (ADDRESS) Anna Coleman
Carson Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Bpate 12-2-1936

19. UNDERTAKER (ADDRESS) Burd Bros.
Dist + Storage Co.

20. FILED 12-4 1936 W. O. Zittler
Registrar.

W. O. Smith

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Nov 30, 1936

I last saw him alive on 11/26, 1936 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:

Carcinoma of Intestines
origin - rectum

Other contributory causes of importance:

none

Name of operation _____ Date of _____

What test confirmed diagnosis? ct 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?

If so, specify _____

(Signed) W. O. Zittler M. D.

(Address) Kinlock Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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