

FEB 25 1937

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

Do not use this space.

1480

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Law Primary Registration District No. 1002  
City Kansas City (No. 1719 Cambridge) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Leata Coleman  
(a) Residence, No. 1719 Cambridge 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
35 7 2

8. 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. 235

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) Mo

13. NAME Thomas Mitchell

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

15. MAIDEN NAME Leah Duncan

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

17. INFORMANT (ADDRESS) Walter Coleman  
1719 Cambridge

18. BURIAL, CREMATION, OR REMOVAL buried DATE Jan 18 1937

19. UNDERTAKER (ADDRESS) Rose T. Crowe

20. FILED Jan 18 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1937 to Jan 16 1937

I first saw h. s. alive on Jan 16 1937 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:

influenza Date of onset \_\_\_\_\_

Other contributory causes of importance: Addison's Disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Chlorine test 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) J. H. Kyser M. D.

(Address) 214 W. 11th St. Bldg

REMOVE

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.

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