

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

Do not use this space.

1. PLACE OF DEATH **JUN 12 1937**
 County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **2609 N. 10 - 27**) St. Ward)
2. FULL NAME **Kathleen P. Coleman**
 (a) Residence, No. **2609 N. 10** St. **26** 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.

18589
 File No.
5165
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** **4. COLOR OR RACE** **W.** **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** **Infant child**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 2, 1937**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2. **20**
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 22, 1937**
22. I HEREBY CERTIFY, That I attended deceased from **May 22, 1937, to May 22, 1937**
 I last saw her alive on **May 22, 1937**. Death is said to have occurred on the date stated above, at **6.0. m.**
 The principal cause of death and related causes of importance were as follows:

Broncho - Pneumonia
107
Cyanosis
 Date of onset **May 19, 1937**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**
MOTHER
13. NAME **Birnie Coleman**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**
15. MAIDEN NAME **Uthman Kinney**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**
17. INFORMANT (ADDRESS) **Catharine Kinney 2609 N. 10. 1 St**
18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary** DATE **May 24, 1937**
19. UNDERTAKER (ADDRESS) **Edwin F. Howard & Son 4212 St. Louis ave**
20. FUNERAL **MAY 24 1937** **J. Medeck Registrar.**

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? **NO**
 If so, specify
 (Signed) **Norman L. Watson**, M. D.
 (Address) **2728 N. 11. St**

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death must be carefully supplied. HOW should be stated EXACTLY. PHYSICIANS should state

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