

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.

JUL 27 1937

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

Do not use this space.

23395

1. PLACE OF DEATH

County Carter
Township Carter
City Van Buren (No. _____ St. _____ Ward _____)

Registration District No. 143

Primary Registration District No. 5205

File No. _____

Registered No. _____

2. FULL NAME

Otto Coleman

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

Life

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Hannah Coleman

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

Feb. 13, 1894

7. AGE

YEARS

43

MONTHS

4

DAYS

8

If LESS than 1

day, _____ hrs. _____ min.

OCCUPATION

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

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

County Official

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

Fremont

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Chas. Coleman

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Carter Co.

MOTHER

15. MAIDEN NAME

Mollie Coleman

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Wayne County

17. INFORMANT

(ADDRESS)

Hannah Coleman
Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Van Buren, Mo.

DATE

June 23, 1937

19. UNDERTAKER

(ADDRESS)

Croy

Van Buren, Mo.

20. FILED

June 22, 1937

M. C. Cotton
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

May 25th, 1937, to June 21st, 1937

I last saw him alive on June 21st, 1937. Death is said

to have occurred on the date stated above, at 11:55 a.m.

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

Pneum. Infection,

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray 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. W. Cotton, M. D.

(Address) Van Buren, Mo.

