

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 798
 Townshp. Nelson Primary Registration District No. 6005 B.
 City Nelson, Mo. (No. _____) St. _____ Ward _____

File No. 31928
 Registered No. _____

2. FULL NAME Joseph Thomas Coleman

(a) Residence, No. R.F.D. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4, 1849</u>		
7. AGE	YEARS	MONTHS
<u>88</u>	<u>5</u>	<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Banker</u>		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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1937
 22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to 7-26, 1937
 I last saw him alive on 7-22, 1937 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:
Senility
 Date of onset _____

Other contributory causes of importance:
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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? _____
 If so, specify _____
 (Signed) W. J. Brown M. D.
 (Address) Blackwell Ave.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phelps Co. Mo.</u>
	13. NAME <u>Unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>Mrs. Worth Coburn</u> (ADDRESS) <u>Kansas City, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nelson, Mo.</u> DATE <u>aug. 28</u> , 19 <u>37</u>	
19. UNDERTAKER <u>J. L. Sweeney</u> (ADDRESS) <u>Marshall, Mo.</u>	
20. FILED <u>Sept 18</u> , 19 <u>37</u> <u>C. H. Chiswell</u> Registrar	

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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