

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.

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bucanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph, (No. 729 South 16th Street) St. _____ Ward _____

File No. 33661
Registered No. 968

2. FULL NAME

Mary Ann Coleman

(a) Residence, No. 729 South 16th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1866.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 8 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Caldwell County Missouri

MOTHER FATHER 13. NAME John Coleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

15. MAIDEN NAME Mary Kenney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Margaret Coleman 729 So. 16th Str St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL Kenney Cemetery
PLACE Cameron, Mo. DATE Sept 8, 1937

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str St. Joseph, Mo.

20. FILED Sept 7, 1937 H. J. Neill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5th 1937

22. I HEREBY CERTIFY, that I attended deceased from Aug 18, 1937 to Sept 4, 1937
I last saw her alive on Sept 4, 1937 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Ch. Endocarditis
920
Other contributory causes of importance: asthma - long, acute -
hauves - w. r. & l. s.

Name of operation None Date of _____
What test confirmed diagnosis? Ch 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) Frank M. Anderson M. D.
(Address) Kempner Bldg

October 1970

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