

NOV 18 1937

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

Do not use this space.

37880

1. PLACE OF DEATH

County Jackson Registration District No. 403  
Towship East Brookline Primary Registration District No. 5557  
City R. R. #10 (No. St. Louis City, Mo. R. R. #2) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. R. R. No. R. R. #10 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 60 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Colman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 21 - 1856</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>8</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bradford Canada</u>		
13. NAME <u>No record Colman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
15. MAIDEN NAME <u>No record Gender</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
17. INFORMANT <u>Sarah Testman,</u> (ADDRESS) <u>R. R. No. R. R. #10</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>Oct 10 1937</u>		
19. UNDERTAKER <u>Mrs. L. Z. Foster</u> (ADDRESS) <u>918 Brookline avenue,</u>		
20. FILED <u>OCT 10 1937</u> <u>McL. Bank</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 8<sup>th</sup>, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-28-37, 19\_\_\_\_, to 10-8-37, 19\_\_\_\_  
I last saw him alive on 9-28-37, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 PM  
The principal cause of death and related causes of importance were as follows:  
"Fibrillating" Heart Date of onset \_\_\_\_\_  
Partial Bundle Block \_\_\_\_\_  
Other contributory causes of importance: Myocarditis 1931  
Name of operation No. 45 Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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. L. Hoffmann, M. D.  
(Address) Raytown Mo

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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