

NOV 23 1937

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

Do not use this space.

File No. 38402
Registered No. 119

1. PLACE OF DEATH

County Pennsacola
Township Cynthiana
City Cynthiana (No. _____)

Registration District No. 651
Primary Registration District No. 4388

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 114th St., Ward. _____

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13-1937

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1937, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-27-1875

I last saw him alive on Nov 13, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

7. AGE YEARS 63 MONTHS 11 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation. life

Cerebral thrombosis Date of onset 11/13/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

Other contributory causes of importance: arteriosclerosis
hypertension

13. NAME Shos Coleman

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Ella Trotter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Lena Coleman

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Rock, Ark. DATE 11-14-37

19. UNDERTAKER (ADDRESS) Cynthiana, Mo

20. FILED Nov. 17, 1937 Lida Martin Registrar.

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) C. J. Cairns M. D.
(Address) Cynthiana, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11-27-1875

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1. PLACE OF DEATH

County DemingRegistration District No. 66-1File No. 12866Township LanthervillePrimary Registration District No. 4388Registered No. 119City Lantherville (No.)St. Ward) 2. FULL NAME Garland L. Coleman(a) Residence, No. 3, 14thSt. Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Coleman22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1937, to , 19 .I last saw him alive on Nov. 13, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1873

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 11 16Cerebral Hemorrhage Date of onset 11-13-378. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer10. Date deceased last worked at this occupation (month and year) continuous 11. Total time (years) spent in this occupation lifeOther contributory causes of importance: Arteriosclerosis12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deming, Tenn.Name of operation Date of 13. NAME Thos. ColemanWhat test confirmed diagnosis? Was there an autopsy? 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deming, Tenn.15. MAIDEN NAME Bella Trotter23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deming, Tenn.Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Lena Coleman (ADDRESS) Cape Girardeau, Mo.Manner of injury 18. BURIAL, CREMATION, OR REMOVAL PLACE Little Range DATE Nov. 14, 1937Nature of injury 19. UNDERTAKER A. J. Smith (ADDRESS) Lantherville, Mo.24. Was disease or injury in any way related to occupation of deceased? No20. FILED Nov. 17, 1937 A. J. Martin Registrar.If so, specify C. F. Lewis, M. D. (Address) Lantherville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-38402