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

Do not use this space.

File No. 1506

Registered No. 194

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. St. Lukes Hosp. St. Ward)

2. FULL NAME Mrs. Nellie Coleman 455

(a) Residence, No. 4315 Campbell St., Ward.
(Usual place of abode) (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

3. SEX: Female

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 H. K. Coleman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1855

7. AGE: Years 82 — Months 7 — Days 8 — If LESS than 1 day, hrs. or min.

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) Canada

FATHER

13. NAME W.G. STevenson

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

MOTHER

15. MAIDEN NAME Annie Taylor

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

17. INFORMANT (ADDRESS) H.K. Coleman 4315 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan. 15 19 38

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons

20. FILED Jan 14 19 38 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1937, to Jan 13 1938

I last saw her alive on Jan 13 1938. Death is said to have occurred on the date stated above, at 11:10P

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

Carcinoma of the Sigmoid

Date of onset

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? 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) T. Monahan M. D.

(Address) 311 Argyle KC Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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FEB 18 1938

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MO. STATE BOARD OF HEALTH

Mr. C. F. Monaghan
Argyle Bldg.