

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

Do not use this space.

2456

1. PLACE OF DEATH  
 214 County Clay Registration District No. 201  
 Township Dabing River Primary Registration District No. 5280  
 City Warren City No. (No. 5297B) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Francis Marion Coleman H.O.  
 (a) Residence, No. Birmingham Mo. Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tisha Coleman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1888  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 0 21  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.R. Section  
 9. Industry or business in which work was done, as silk mill, saw mill, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) FEB 13 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on 1-30, 19\_\_\_\_. Death is said to have occurred on the 31st at 7:35 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
He had been treated at Ecclesior Springs - Mt. Facility lately

OCCUPATIONAL

BUREAU OF VITAL STATISTICS  
 MO. STATE BOARD OF HEALTH

FATHER 13. NAME Samuel Coleman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 MOTHER 15. MAIDEN NAME Margaret Bobba  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT Tisha Coleman (ADDRESS) Birmingham Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE 2-2 1938  
 19. UNDERTAKER Hessel-Carder (ADDRESS) Liberty Mo.  
 20. FILED 2-1- 1938 E.T. Brant Registrar.

Name of operation T Date of \_\_\_\_\_  
 What test confirmed diagnosis? Histology Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Natural 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) M. L. Myron Coroner Clay County Mo. M. D.  
 (Address) 204-W. New Liberty 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.

1938

