

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.

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

County Buchanan
 Township St. Joseph
 City St. Joseph

Registration District No. 85
 Primary Registration District No. 1001
 (No. 1614 Sylvania St.)

File No. 6175
 Registered No. 251
 Ward

2. FULL NAME Beatrice (Handy) Coleman

(a) Residence, No. 1614 Sylvania St., Ward.

Length of residence in city or town where death occurred 35 yrs. 1 mos. 11 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 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) St. Joseph Mo.

FATHER
 13. NAME Osca Handy

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

MOTHER
 15. MAIDEN NAME Addie Nickols

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

17. INFORMANT (ADDRESS) Laura Todd 810 North 3rd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery Feb. 28 1938

19. UNDERTAKER (ADDRESS) Ramsey's Mortuary 1602 Messamie St.

20. FILED 2/28 1938 J. H. Heston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25 1938

22. I HEREBY CERTIFY that I attended deceased from Feb. 14 1938 to Feb 25 1938. I last saw her alive on Jan 28 1938. Death is said to have occurred on the date stated above, at 3 a m.

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

Pulmonary Tuberculosis
23-
 Other contributory causes of importance: Exophthalmic Goiter

Name of operation Date of
 What test confirmed diagnosis? none 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) J. D. Peyton M. D.
 (Address) 625 So 16, St Joseph, Mo.

APR 3 1958