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.

REC'D MAR 23 1938

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

Do not use this space.

7759

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. ~~68~~ 66
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. ..., ... St. ..... Ward)

2. FULL NAME Mattie E Coleman 455
(a) Residence, No. 510 N Washington St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. J. Coleman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1889
7. AGE YEARS 50 MONTHS 6 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
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) Cooper Co Mo

FATHER
13. NAME Henry Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

MOTHER
15. MAIDEN NAME Lucie Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

17. INFORMANT (ADDRESS) W J Coleman Sedalia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE 2-17- 1938
19. UNDERTAKER (ADDRESS) F D Ferguson Sedalia Mo
20. FILED 2-17- 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 - 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 2 - 1937, to February 13, 1938
I last saw her alive on February 13, 1938. Death is said to have occurred on the date stated above, at 9 50 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Interstitial Nephritis

Other contributory causes of importance:

Acute Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Data 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?
If so, specify
(Signed) A. R. Maddox M. D.
(Address) 116 E W Main

OCT 18 1956