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 OCT 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin
Township Holcomb
City ..... (No. ..... St. ..... Ward)

Registration District No. 284
Primary Registration District No. 5404 B

File No. 32140
Registered No. .....

2. FULL NAME Mrs. Virdie Roberts Coleman 11.5

(a) Residence, No. ..... St., ... Ward. R-2-Kennett, Mo
(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 F
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 Paul Coleman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12-1907

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	7	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Poinset Co - Ark

FATHER
13. NAME M. C. Roberts -
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

MOTHER
15. MAIDEN NAME Jane Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Ala

17. INFORMANT (ADDRESS) Mrs Jane Williams Roberts R-2-Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge DATE 9/19 38

19. UNDERTAKER (ADDRESS) Baldwin Funeral Home Kennett, Mo

20. FILED Sept 19 1938 J A Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1938, to Sept 18, 1938
I last saw her alive on Sept 18, 1938. Death is said to have occurred on the date stated above, at 11 55 a.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis

140

Date of onset

Other contributory causes of importance:
Miscarriage
Child birth 2 Mo

Name of operation ..... Date of .....
What test confirmed diagnosis? Emt 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) John R. Coleman, M. D.
(Address) Holcomb