

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.

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

Do not use this space.

REC'D APR 24 1939

10263

1. PLACE OF DEATH

County Caldwell,
Township Fairview,

Registration District No. 93

File No. _____

City 455 (No. _____) _____

Primary Registration District No. 5129

Registered No. 3

2. FULL NAME Mary Isabel Coleman,

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

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female, 4. COLOR OR RACE White, 5. WIDOWED OR WIDOWED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 9 - 1939

5A. IF WIDOWED, _____ (OR) WIFE OF Geo. W. Coleman,

22. I HEREBY CERTIFY, that I attended deceased from Mar - 8 - 1939 to Mar 9, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. - 11th - 1864

I last saw her alive on Mar 8, 1939. Death is said to have occurred on the date stated above, at 2:30 A.M.

7. AGE YEARS 75 MONTHS 0 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping,

10. Date deceased last worked at this occupation (month and year) Mar. - 6 - 1939 11. Total time (years) spent in this occupation 70 - yrs

Other contributory causes of importance: Arterio-Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daleville, Indiana.

13. NAME David Dillman,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia,

15. MAIDEN NAME Elvina Pugsley,

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

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) Wilbur Coleman, no. 17 D. #

18. BURIAL, CREMATION, OR REMOVAL PLACE Phares Cemetery DATE Mar. - 10 - 1939

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) F. P. Michael, no. _____

20. FILED Mar 10 1939 H. H. Patterson Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) Archie B. Doolittle M. D.
Progrindler

Manner of injury None
Nature of injury _____

97 (Address) _____

RECEIVED

District Health Officer No. 11;

District File Number 39-381

Date Filed APR 22 1939