

1550 MAY 22 1939

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

15551
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566
(b) Township Synopcity Primary Registration District No. 5762
(c) City Charleston (d) Street No. _____

Registered No. 27

(e) Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 455 Simon Cecilius Coleman

(a) Residence, No. RFD-3 Box 20 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2nd 1938</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>0</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Infant</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Infant</u>		
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) <u>Charleston MO</u>		
FATHER	13. NAME <u>Simon Coleman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Mississippi</u>	
MOTHER	15. MAIDEN NAME <u>Bernice Bynum</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Mississippi</u>	
17. INFORMANT <u>Simon Coleman</u> (ADDRESS) <u>Charleston MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cemetery</u> DATE <u>3-5</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Frank Linn Jones</u> (ADDRESS) <u>Charleston, Mo.</u>		
20. FILED <u>3-6</u> 19 <u>39</u> <u>J. D. Jones</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH 4:30 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from on Mar 5 1939, to _____, 19____. I last saw h. 1 M. alive on Mar 5 1939. Death is said to have occurred on the date stated above, at 4:30 A.M. m. The principal cause of death and related causes of importance were as follows:

Broncho pneumonia D.K
Pertussis D.K

Other contributory causes of importance: 9

Name of operation _____ Date of _____
What test confirmed diagnosis? all sympt 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 Chest Pain
(Signed) Charles Coleman M. D.
(Address) Charleston Mo.

WHILE BARNETT WITH ON-READING 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.