

Dr Hendry

Do not use this space.

30353

REC'D SEP 7 1939

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

100

1. PLACE OF DEATH

County Best
Township Richland
City McMullin (No. 455)

Registration District No. 821 670
Primary Registration District No. 4553

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Bobby Gene 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X 9 10

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McMullin, Mo

13. NAME James A. Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Arkansas

15. MAIDEN NAME Eileen Browell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O.K.

17. INFORMANT James A. Coleman
(ADDRESS) McMullin, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McMullin Mo DATE 8/5 1939
Carpenter Cemetery

19. UNDERTAKER Fair Funeral Home
(ADDRESS) Charleston, Mo

20. FILED 8-7 1939 Dr Hendry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-31-39, 1939, to 8-5-39, 1939.

I last saw him alive on 8-5-39, 1939. Death is said to have occurred on the date stated above, at 1:00 a.m.

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

Acute enterocolitis
11/9/39

Date of onset
7-31-39

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Diagnosed 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 _____, 1939

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, specify _____
(Signed) Howard Hendry, M. D.

(Address) Charleston Mo

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.

RECEIVED

District Health Officer No. 2,

District File Number 934-180

Date Filed 9-6