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.

1659 NOV 7 1939

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

Do not use this space.

36593

File No. 198.

Registered No. 70-69

1. PLACE OF DEATH

County Mc-Donald, Registration District No. 863.

Township Elk-River, Primary Registration District No. 5692.

City Noel, (No. ..., ... St. ..... Ward)

2. FULL NAME 455 George. W. Coleman,

(a) Residence, No. Noel-Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 (write the word): Single,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug" 8" 1849.

7. AGE: Years 90 | Months 2 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.

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) Bolingreen, Ky.

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME Harriet Kirby,

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

17. INFORMANT (ADDRESS) H. C. Alexander, Noel Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE S.W.City Mo. DATE Oct" 17" 1939

19. UNDERTAKER (ADDRESS) Nichols Bros. Southwest City Mo.

20. FILED 10-17 1939 H. C. Alexander Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct" 16" 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1939, to June 5 1939

I last saw him alive on about July 10 1939. Death is said to have occurred on the date stated above, at 1 p.m.

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

	Date of onset
asthma	1938

Other contributory causes of importance:

Senility

Name of operation — Date of —

What test confirmed diagnosis? None 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

(Signed) J. A. Fleming, M. D.

(Address) Noel Mo

RECEIVED
District Health Officer No. 6,
District File Number 1139-21038
Date Filed NOV 2 1939