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

43520
Do not use this space.

1. PLACE OF DEATH
(a) County Howard, Registration District No. 328
(b) Township Primary Registration District No. 4222 Registered No. 85
(c) or City Fayette, (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
455

2. PRINT FULL NAME Annie Coleman,
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Coleman,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/4th ~~1939~~ 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
57	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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) Missouri, O

FATHER
13. NAME Bob Wills, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, O

MOTHER
15. MAIDEN NAME Susie Jackson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Blanch Banks, Fayette, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary, DATE 1/Ist 1940, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED Jan. 5 1940 W. A. Bonham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/3Ist 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1939, to Dec. 31, 1939
I last saw her alive on Dec. 30, 1939. Death is said to have occurred on the date stated above, at 4:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrinous pericarditis	Dec. 26, 1939
Luetic aortitis & myocardial degeneration	Unknown
Pulmonary Tbc. moderately advanced	Unknown

Other contributory causes of importance: 34

Name of operation — Date of —
What test confirmed diagnosis? Necropsy Was there an autopsy? Yes

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 no
(Signed) Fred H. Lundgren, M. D.
(Address) Lee Hospital Fayette Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 1 X16605

RECEIVED
District Health Officer No. 8,
District File Number 1/11/40
Date Filed

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.