

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

44377
Do not use this space.

1. PLACE OF DEATH
 (a) County Sutram Registration District No. 718
 (b) Township Harrison Primary Registration District No. 6430
 (c) City Unionville (d) Street No. _____ St. _____
 (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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>55</u>	<u>9</u>	<u>19</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Newspaper
 9. Industry or business in which work was done, as saw mill, bank, etc. Talkman
 10. Date deceased last worked at this occupation (month and year) December 19, 1939 11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Mo.

FATHER
 13. NAME Wesley J. Coleman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Susan Dunkley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) J. C. Coleman, Gamersport Mo.

18. PLACE OF DEATH OR REMOVAL PLACE Bethray Mo. DATE Dec 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Constock Funeral Home, Unionville Mo.

20. FILED Dec 20 1939 H. W. Gilliam Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1939, to 12-20, 1939
 I last saw him alive on 12-20, 1939 Death is said to have occurred on the date stated above, at 3:00 pm.
 The principal cause of death and related causes of importance were as follows:
Apoplexy (right hemiplegia) Date of onset 12-20-39

Other contributory causes of importance: Do not know

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. H. Magee, M. D.
 (Address) Unionville, 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. 10

District File Number 40-130

Date Filed JAN 10 1940

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,

J. H. Comstock

, or by

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

Signed

J. H. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville Mo

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.