FILED MAY 20 1940

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

Do not use this space.

14739

1. PLACE OF DEATH
County: Crawford
Township: Cherry
City: ~~Huggins~~ (No. ..... St. ..... Ward)
Registration District No. 1113
Primary Registration District No. 5317
File No.
Registered No. 6

2. FULL NAME Grace Lee Coleman.
(a) Residence, No. Boonville 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: Female
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: Ernie Coleman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-30-1895
7. AGE: Years 45 Months 0 Days 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Crawford Co. Mo
FATHER
13. NAME: William Carington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
MOTHER
15. MAIDEN NAME: Dodson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iron Co. Mo
17. INFORMANT: E. F. Coleman (ADDRESS) Huggins Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Centerpoint DATE: 4/2- 1940
19. UNDERTAKER: Harry M. Jones (ADDRESS) Steelville Mo
20. FILED 4-30 1940 E. E. Falls Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/30- 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan. 15- 1940, to ....., 19....
Last saw h~~er~~ alive on 3/27 1940. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis.	

Other contributory causes of importance:
Influenza
Valvular heart
Lesion

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?
If so, specify.
(Signed) Joseph L. Thurman M. D.
(Address) Potosi, Mo.

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RECEIVED
District Health Officer No. 6,
District File Number 540 581
Date Filed 51740

Registered No. 26 E
[illegible] M Jones
Steelville Mo