

DEC 3 1941

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

Do not use this space.

38400

1. PLACE OF DEATH

County Henry Registration District No. 355  
Township Walther Twp. Primary Registration District No. 5498  
City rural Monett No. 1 St. Ward

2. FULL NAME

Annie Catherine Coleman

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 70 11 4  
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) Shelby Co. 1  
13. NAME David Robinson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. 1  
15. MAIDEN NAME Lucy Jane Walker  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis

17. INFORMANT Mrs. Geo. Harrison  
(ADDRESS) Adrian, Mo.  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Johnston DATE 11-22 19. 4  
19. UNDERTAKER Fred Wellman  
(ADDRESS) Clinton Mo.  
20. FILED 11-26 1941 W.E. Bagley  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1941  
22. I HEREBY CERTIFY, That I attended deceased from April 25 1941, to Nov. 17 1941.  
I last saw him alive on Nov. 17 1941. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Diabetes

Other contributory causes of importance:  
Pneumonia

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. E. Robinson, M. D.  
(Address) Adrian, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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RECEIVED

District Health Officer No. 7,

District File Number 12-41-1946

Date Filed 12-2-41