FEB 22 1927

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

Do not use this space.

299

1. PLACE OF DEATH

County: Butler. Registration District No. 89

Township: Primary Registration District No. 3007

City: Poplar Bluff (No. ..... St. ..... Ward)

Pop

File No. ..... Registered No. 23

2. FULL NAME: James Fields Coleman

(a) Residence. No. ..... 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 1st 1867

7. AGE: Years 59 | Months 2 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lumber inspector.
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi Co Mo

PARENTS

10. NAME OF FATHER: Hal J Coleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

12. MAIDEN NAME OF MOTHER: Jane Hancock.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know,

14. INFORMANT: Miranda Coleman
(Address) Poplar Bluff Mo.

15. FILED 2-5-, 19 27 W. S. Barley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan, 19 26, to Jan, 19 27, that I last saw him alive on Jan 22, 19 27, and that death occurred, on the date stated above, at 5.35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cancer Stomach

Mb 18

1 yr 4 mo

(duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Alfred Dour, M. D.

2-5-, 19 27 (Address) Poplar Bluff Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: City Cemetery. | DATE OF BURIAL: Jan 27 1927

20. UNDERTAKER: J. J. Frank | ADDRESS: Poplar Bluff 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.