

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

Do not use this space.

30835

**1. PLACE OF DEATH**

County Lawrence Registration District No. 467 File No. \_\_\_\_\_  
 Township Aurora Primary Registration District No. 4280 Registered No. 78  
 City Aurora (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jackson W 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 or (or) WIFE OF Wren Coleman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, _____ hrs. or _____ min.
	66	11	2	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Real Estate  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) W. Chester  
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John S. Coleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Sarah Ruffin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Tennessee

14. INFORMANT E. R. Adams  
 (Address) Aurora Mo.

15. FILED 11/10, 1927 R. W. Smart  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1927, to Oct 29, 1927, that I last saw him alive on Oct 29, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_, 2 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
82 yrs  
60 yrs  
Sig. haem. (duration) \_\_\_\_\_ yrs. mos. da.  
 CONTRIBUTORY High Blood Pressure  
 (SECONDARY) (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) R. W. Smart, M. D.

, 19 (Address) Aurora 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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

At 25 - 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!

63 1927

