

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

Do not use this space
11217
Fallet

1. PLACE OF DEATH

County Jefferson
Township Waller
City St. Louis

Registration District No. 420
Primary Registration District No. 577

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME Harold Robinson 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 5 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Edward L. Coleman

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

12. MAIDEN NAME OF MOTHER Myrtle Mae

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Mr. E. L. Coleman
(Address) Victoria, Mo

15. FILED 4/1 29 D. P. Peggley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 28 1928 to Mar 28 1929
that I last saw him alive on month 15 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(Died from hemorrhage)

23A 5 yrs. mos. da.
23B 5 yrs. mos. da.

CONTRIBUTORY (SECONDARY) U
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Chemical
(Signed) Chas. P. Felt M. D.
(Address) Desoto 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 Woodlawn Cem DATE OF BURIAL Mar 31 1929

20. UNDERTAKER C. Barnhart ADDRESS Desoto Mo

K. 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.

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1929

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