AUG 28 1929

96

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

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.

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

Do not use this space.

25684

File No. .....

Registered No. 129

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 785

Township: Meramac — Primary Registration District No.: 6032

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Mary E. Coleman

(a) Residence. No. Orville, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 11 mos. 4 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): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John P. Coleman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov-29-1850

7. AGE: Years 79 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St. Louis, Co-
(STATE OR COUNTRY): Mo-

PARENTS

10. NAME OF FATHER: John Orr-

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

12. MAIDEN NAME OF MOTHER: Margaret Bacon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St. Louis, Co-
(STATE OR COUNTRY): Mo

14. INFORMANT: Walter Coleman-
(Address): Centaur, Mo-RR-#22

15. FILED 8/10, 1929 C. E. Barnett M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July-3-1929

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1928, to July 3, 1929, that I last saw her alive on July 9, 1929, and that death occurred, on the date stated above, at 9:40 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular disease of Heart

Mo

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

CONTRIBUTORY (SECONDARY): Tonsilitis

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

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? General Symptoms
(Signed) L. P. Fox, M. D.
, 19 (Address) Ellisville 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: Antioch Cem-Orville, Mo- — DATE OF BURIAL: July 6-1929

20. UNDERTAKER: Schrader Undertaking Co — ADDRESS: Ballwin Mo

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