

OCT 31 1930

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

Do not use this space.

16939-a

16939a

1. PLACE OF DEATH

County Demiseot  
Township Stiles  
City Stiles (No. ....)

Registration District No. 655  
Primary Registration District No. 4397

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Herman 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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie B. Coleman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
21 0 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Grenada  
(STATE OR COUNTRY) Miss

10. NAME OF FATHER Joe Coleman

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

12. MAIDEN NAME OF MOTHER Katherine Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ---  
(STATE OR COUNTRY) Miss

14. INFORMANT Carrie Gordon  
(Address) Stiles mo

15. FILED 5/16/30 Max Kelly  
19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25, 1930

17. HEREBY CERTIFY, That I attended deceased from office Called 13, 19... to ... 19... that I last saw him alive on 13 of May, 1930, and that death occurred, on the date stated above, at 2 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia, fatal, when I saw him about 20 days (duration) yrs. mos. ds. 20

CONTRIBUTORY (SECONDARY)

108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Smear  
(Signed) J. R. McDaniel M. D.

\*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 Holly cem DATE OF BURIAL 5-25 1930

20. UNDERTAKER Coleman and Co. Stiles mo ADDRESS

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.

