

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

Do not use this space.

24210

1. PLACE OF DEATH

County Boone  
Township Leota  
City Columbia (No. ....)

Registration District No. 73  
Primary Registration District No. 3006

File No. ....  
Registered No. 168 St. .... Ward)

2. FULL NAME

(a) Residence, No. William Coleman  
(Usual place of abode) Cor. 7th St. & Park Ave., 1st Ward.

Length of residence in city or town where death occurred 45 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Coleman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-30-1868</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>8</u>
	DAYS <u>18</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck helper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lumber yard</u>	
	10. Date deceased last worked at this occupation (month and year) <u>6 month 1929</u>	11. Total time (years) spent in this occupation. <u>18</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Boone County</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>George Coleman</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Saline County</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Sallie Bappington</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Boone County</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mary Coleman</u> (ADDRESS) <u>Columbia Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery Aug. 3rd 1931</u>		
19. UNDERTAKER <u>Stuart G. Parker</u> (ADDRESS) <u>Columbia, Missouri</u>		
20. FILED <u>8-3-31</u> <u>7. Aug 9 1931</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30th, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 30th, to July 30th, 1931  
I last saw him alive on July 30, 1931 Death is said to have occurred on the date stated above, at 7:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis of heart  
95 B  
Other contributory causes of importance:  
95 B

Name of operation ..... Date of .....  
What test confirmed diagnosis Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?   
If so, specify ✓  
(Signed) J. A. Taylor, M. D.  
(Address) 112 S. 5th, Columbia Mo

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.

AUG 24 1931

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