

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

Do not use this space.

3286

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City Solonia (No. St. Johns Hospital) .. St. Ward) ..

2. FULL NAME

(a) Residence, No. St. 12 Ward. Old Mines - Mo.
(Usual place of abode) .. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 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 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) about 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .. hrs. or .. min.
Adult - 11 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy 1924

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 36

10. Date deceased last worked at this occupation (month and year) .. 11. Total time (years) spent in this occupation. 11 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines - Mo.

13. NAME Regis Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

15. MAIDEN NAME Rita Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT J. B. Boyer (ADDRESS) Potomac mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Mines mo DATE Jan 6 1933

19. UNDERTAKER Fritz Bros. (ADDRESS) 2029 E. 1st St. St. Louis Mo

20. FILED AN - 6 1933 W. C. Starck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1933

22. I HEREBY CERTIFY That I attended deceased from No Physician in attendance .., 19 .., to .., 19 ..

I last saw h. alive on .., 19 .. Death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia, Septic
fractures of neck of Femur, &
Sliver following gunshot
wound of left Buttock, fired
from gun in hands of trainee
Other contributory causes of importance:
Coleman while hunting at
Old Mines, Mo. on 1/1/33.
Accident

Name of operation .. Date of ..
What test confirmed diagnosis? .. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? Accident Date of injury 1/1 1933

Where did injury occur? Old Mines Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury Gunshot wound
Nature of injury fractures of neck of femur & sliver

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ..

(Signed) J. B. Seemey, M.D.
(Address) Deputy Coroner

1/6/33

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.

