

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

Do not use this space.

29679

AUG 31 1936

1. PLACE OF DEATH

County *Washington*
Township *Union*
City *Union* (No.)

Registration District No. *881*
Primary Registration District No. *6182*

File No.
Registered No. St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>H. Hobbs</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 30 1880</i>		
7. AGE YEARS <i>55</i>	MONTHS <i>6</i>	DAYS <i>20</i>
		If LESS than 1 day, <i> </i> hrs. or <i> </i> min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<i>miner</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 21 1936*

22. I HEREBY CERTIFY That I attended deceased from *July 21 1936* to *July 21 1936*. I last saw him alive on *July 21 1936*. Death is said to have occurred on the day stated above, at *9* m. The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co*

13. NAME *Sepean Coleman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co*

15. MAIDEN NAME *Julia Drakey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co*

17. INFORMANT (ADDRESS) *Henry Coleman*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Blackwell* DATE *July 21 1936*

19. UNDERTAKER (ADDRESS) *S. J. ...*

20. FILED *July 23 1936* *H. Cresswell* Registrar.

Name of operation *None* Date of

What test confirmed diagnosis? *None* 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) *W. T. Doughtrey* M. D. (Address) *Potosi, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

