

FEB 23 1937

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

Do not use this space.

4490

File No. _____
Registered No. 17. _____
St. _____ Ward _____

1. PLACE OF DEATH
96 County St. Louis Registration District No. 1170
7 Township Jefferson Primary Registration District No. 6248-H.
9 City Richmond Heights (No. St. Marys Hospital)

2. FULL NAME Wanda Coleman
(a) Residence, No. Holcomb MO St. _____ Ward _____
(Usual place of abode)
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. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) August 7th, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Child)

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

12. BIRTHPLACE (CITY OR TOWN) Holcomb, (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Joy Coleman

14. BIRTHPLACE (CITY OR TOWN) Holcomb (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Cletha Smith

16. BIRTHPLACE (CITY OR TOWN) Clarkton, (STATE OR COUNTRY) Missouri

17. INFORMANT Joy Coleman (ADDRESS) Holcomb, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell, Mo. DATE January 15, 1937

19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 329 N. Euclid Avenue

20. FILED Jan. 14, 1937 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936, to Jan 12, 1937
I last saw her alive on Jan 12, 1937. Death is said to have occurred on the date stated above, at 11:50 P.M.
The principal cause of death and related causes of importance were as follows:

Leishmaniasis Date of onset Apr. 10, 1936

Other contributory causes of importance:
Pneumonia 1-10-37
Chronic suppurating mastoiditis

Name of operation Bleed mastoidectomy Date of 6-16-37
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? _____ 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? No
If so, specify _____
(Signed) George H. Brewer M.D.
(Address) St. Marys Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. A copy should be submitted to the State Board of Health.

