

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

Do not use this space.

26391

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. Trinity Lutheran Hosp. St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Richard Boulware Coleman

(a) Residence, No. 2327 Denver St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes J. Coleman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
45 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber Board of  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Education  
 10. Date deceased last worked at this occupation (month and year) July 21, 1937  
 11. Total time (years) spent in this occupation 30 Years

12. BIRTHPLACE (CITY OR TOWN) Macon (STATE OR COUNTRY) Georgia

13. NAME Robert Coleman

14. BIRTHPLACE (CITY OR TOWN) Macon (STATE OR COUNTRY) Georgia

15. MAIDEN NAME Mary Boulware

16. BIRTHPLACE (CITY OR TOWN) Galveston (STATE OR COUNTRY) Texas

17. INFORMANT Mrs. Agnes J. Coleman (ADDRESS) 2327 Denver

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE July 27, 1937

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) \_\_\_\_\_

20. FILED July 23, 1937 M. M. Grover Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to July 22, 1937  
 (last saw him alive on July 22, 1937. Death is said to have occurred on the date stated above, at 12:50 p.m.

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

Perforated Gastric Ulcer  
Peritonitis

Date of onset 7-22-37

117a

Other contributory causes of importance:

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? \_\_\_\_\_ 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) John M. Lawrence M. D.  
 (Address) 3322 1/2 E 97th St.

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.

B  
22  
22  
22

