

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

 36 County Franklin
 4 Township Bates
 0 City Pacific (No. _____ St. _____ Ward _____)

 Registration District No. 293
 Primary Registration District No. 4177

 File No. 10654
 Registered No. _____

2. FULL NAME

Frank J. Coleman 455

(a) Residence No. _____ St. _____ Ward _____

 Length of residence in city or town where death occurred 20 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 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) July 28 1904
 7. AGE YEARS 33 MONTHS 7 DYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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

 10. Date deceased last worked at this occupation (month and year) Mar 1935 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME (FATHER) James Coleman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME (MOTHER) Anna Mackey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) James Coleman Pacific Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific Mo DATE Mar 15 3819. UNDERTAKER (ADDRESS) Thayer Funeral Home Pacific Mo20. FILED 3-30-38 Mary O'Neil Registrar. 266

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:45 p.m.

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

Accidental Struck
By an automobile
on Highway 66 at Pacific
Mo
Broken neck
 Other contributory causes of importance: 210 lbs
31
Name of operation none Date of _____What test confirmed diagnosis? toxic Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury _____, 19____.Where did injury occur? Pacific Mo (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. on Highway 66Manner of injury Broken neckNature of injury accident24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Thos. P. Shaffer Coroner. no(Address) Julland Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be certainly supplied. AGE should be stated EXACTLY. PHYSICIANS should state

