

JAN 25 1938

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

43616
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis Registration District No. 468
(b) Township _____ Primary Registration District No. 4281 Registered No. 32
(c) City Marionville (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Edward Augustus Coleman
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Missouri Coleman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1859
7. AGE YEARS 79 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chef - Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Indiana

FATHER
13. NAME Augustus Coleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France, ?
MOTHER
15. MAIDEN NAME Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
17. INFORMANT Mrs E. G. Coleman (ADDRESS) Marionville
18. BURIAL, CREMATION, OR REMOVAL PLACE Newport, Kentucky 12-20-38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beaumont Funeral Home Marionville, Mo
20. FILED Jan 4, 1938 Laura O. Cannady Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1938, to Dec 19, 1938
I last saw him alive on Dec 19, 1938. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Senility
Date of onset _____
Other contributory causes of importance: Chronic myocarditis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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) Wayne M. Weaver M. D.
(Address) Marionville, Mo
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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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.