

REC'D MAY 18 1939

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

15259

Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township Madison Primary Registration District No. 5582 Registered No. 19
 (c) City _____ (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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Edward 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 OF (OR) WIFE OF Katherine Ann Coleman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Missouri

13. NAME Thomas E. Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Feobe Thistle

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

17. INFORMANT (ADDRESS) S. C. Coleman
Holden Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Calvary Catholic Cemetery DATE April 18 1939
Holden Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. W. Goodman
Holden Missouri

20. FILED Apr 17 1939 Wm. H. O. Redford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to April 16 1939

I last saw him alive on April 15 1939. Death is said to have occurred on the date stated above, at 3:45 A.M.

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

Cerebral Hemorrhage

Date of onset

4/13/39

Other contributory causes of importance:

Hypertensive Cardio-vascular disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No

If so, specify _____

(Signed) Kelly Rawlins, M. D.(Address) Holden Mo.

CEIVED
District Health Officer No. 8,
District File Number
6/18/39 Filed

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 W. G. Johnson

Licensed Embalmer No. 2424
P. O. Address Holden mo.

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.