

APR 7 - 1940

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

7562
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 611
(b) Township Wayton Primary Registration District No. 5815
(c) City or 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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME INDIANIA COLEMAN

(a) Residence, No. Seneca Mo. R. 2 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 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 William R. Coleman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Atlanta Georgia

FATHER 13. NAME Bennett Whitmore 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 1

MOTHER 15. MAIDEN NAME Don't know Butler

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

17. INFORMANT (ADDRESS) Bert Coleman
Seneca Mo. R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca DATE 7-17-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Suggard
Seneca Mo.

20. FILED Feb 1, 1940 Merle Sparlin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1940

22. I HEREBY CERTIFY That I attended deceased from Jan. 20, 1940 to Jan. 31, 1940
I last saw her alive on Jan. 30, 1940 Death is said to have occurred on the date stated above, at 1-18-40.
The principal cause of death and related causes of importance were as follows:

Cholera
Date of onset

Other contributory causes of importance: 82 W

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? _____

If so, specify _____
(Signed) W. H. Suggard, M. D.
Seneca Mo.
(Address)

WHITE PRINT, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 6,

District File Number 3810-623

Date Filed MAR 5 1940

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.....

James Weldon Buzzard....., Registered Apprentice No. 239
working under my personal supervision.

Signed R. W. Buzzard.....

Licensed Embalmer No. 2334

P. O. Address Seneca 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.