

JUN 23 1940

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

Do not use this space.

1. PLACE OF DEATH

County: WASHINGTON Registration District No. 881
Township: BRETON Primary Registration District No. 6179
City: AMBERAL TONT (No. ) St. Ward)

26556

2. FULL NAME

FRANCIS EDWARD COLEMAN

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M 4. COLOR OR RACE: W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: ROSE ALLIE COLEMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-26-1875

7. AGE: YEARS 64 MONTHS 8 DAYS 23. If LESS than 1 day, hrs. or min.

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.

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): BLISS MO

13. NAME: CYPRIAN COLEMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

15. MAIDEN NAME: UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

17. INFORMANT: LEONARD COLEMAN (ADDRESS) MINERAL TONT MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE: TOTOSI MO. DATE: 9-21-1940

19. UNDERTAKER: J. B. BOYER & SON (ADDRESS) TOTOSI MO.

20. FILED: June 1, 1940 G. F. Creamer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-19-1940

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw alive on 19. Death is said to have occurred on the date stated above, at 10 A.M.

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

Sudden Death before Coronary Thrombosis

Other contributory causes of importance:

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) J. B. Boyer & Son M. D. (Address) Totosi Mo

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.

