WRITE PLAINLY, 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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4992
Township Kaw — Primary Registration District No. 1092 — Registered No. 652
City K.C. Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME Roy Donovan Colbert
(a) Residence. No. 4637 Forest St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: 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) Sept-2-1927

7. AGE — YEARS: — MONTHS: 5 DAYS: 11 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None — 89A 89B
(b) General nature of industry, business, or establishment in which employed (or employer): 1038
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo.

PARENTS
10. NAME OF FATHER Roy Colbert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Edna Ferris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Roy Colbert
(Address) 4637 Forest av.

15. FILED 2/14 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 12, 1928 that I last saw him alive on Feb 12, 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Suppurative Otitis Media & Mastoiditis
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Hemorrhage from Paracentesis of the Drums. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? Paracentesis Ear Drums. DATE OF 1 DAY previous
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Gross Inspection
(Signed) C T Eldridge (for Hall), M. D
2/13/1928 (Address) Rialto Building K.C. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill — DATE OF BURIAL: Feb 14 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.