MAR 21 1928

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

Do not use this space.

5890

1. PLACE OF DEATH
County: Pettis
Township:
City: Sedalia (No. ..... St. ..... Ward)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 37

2. FULL NAME: Dillard Colley

(a) Residence. No. 301 N. Montana St. ..... 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: M

4. COLOR OR RACE: Col.

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): Jan. 31, 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
X	X	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: X
(b) General nature of industry, business, or establishment in which employed (or employer): X
(c) Name of employer: X

9. BIRTHPLACE (CITY OR TOWN): Sedalia
(STATE OR COUNTY): Pettis County Mo.

PARENTS

10. NAME OF FATHER: George Colley

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Sedalia
(STATE OR COUNTY): Pettis County Mo.

12. MAIDEN NAME OF MOTHER: Pearl Evans.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Cooper County Mo
(STATE OR COUNTY)

14. INFORMANT: Pearl Colley
(Address): 301 N. Montana

15. FILED: 2-6 1928 J. J. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1928, to Feb. 5 1928, that I last saw h..... alive on Feb. 4, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
1 hr
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 16/100
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. A. Stark M.D.
Feb. 1928 (Address) Sedalia

*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: Sedalia Mo.
DATE OF BURIAL: 2/6 1928

20. UNDERTAKER: F. D. Ferguson
ADDRESS: Sedalia Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.