ON 4 1928

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.

14513

1. PLACE OF DEATH
County Ripley — Registration District No. 757 — File No. 207
Township Warner — Primary Registration District No. 3980 — Registered No. 12
City ✓ (No. ..... St. ..... Ward)

2. FULL NAME Lucy M. Colburn
(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: female
4. COLOR OR RACE: white
5. ~~SINGLE, MARRIED~~, WIDOWED OR ~~DIVORCED~~ (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widow John Colburn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 - 1876

7. AGE 51 YEARS — MONTHS 11 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Oxly.
(STATE OR COUNTRY) Ripley, Mo.

PARENTS
10. NAME OF FATHER John W. Colburn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maysville
(STATE OR COUNTRY) Mason, Ky.
12. MAIDEN NAME OF MOTHER Lucy M. Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oxly.
(STATE OR COUNTRY) Ripley Mo.

14. INFORMANT Mrs Harry Rick
(Address) Oxly. Mo. RR. 1

15. FILED 4/3 1928 H Ewhite REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to April 2, 1928, that I last saw her alive on April 1, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
obstruction in bowels
cause not determined

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) ✓
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) H Ewhite, M. D
4/2, 1928 (Address) Naylor 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: Stillwell Cem — DATE OF BURIAL: April 3, 1928

20. UNDERTAKER: Mrs Minnie Leah — ADDRESS: Naylor Mo