

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

Do not use this space.

17750

**1. PLACE OF DEATH**

County McDonald  
Towship Clinton  
City (No. ....) St. .... Ward)

Registration District No. 1167  
Primary Registration District No. 5698

File No. ....  
Registered No. 13

**2. FULL NAME**

Burl Elmer Collesworth  
(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

m

**4. COLOR OR RACE**

w

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Child

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 3 1926

**7. AGE**

9 YEARS

8 MONTHS

28 DAYS

If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Tex.

PARENTS

**10. NAME OF FATHER**

Milt Collesworth

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Tenn.

**12. MAIDEN NAME OF MOTHER**

Roma Thomas

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Tenn.

**14.**

INFORMANT (Address)

Milt Collesworth  
Rocky Pt #

**15.**

FILE

July 8, 28 E. Edmondson  
REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 21 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from May 20 1928 to May 21 1928 that I last saw her alive on May 20 1928 and that death occurred, on the date stated above, at 6 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bacterial Pneumonia

107A

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

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. da.

**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) Cardwell M. D.  
, 19 (Address) Stella M.

\*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**

**DATE OF BURIAL**

Macedonia Cem. May 21 1928

**20. UNDERTAKER**

**ADDRESS**

L. A. Pogue Wheeler

10

...

1

...



S-17750