NOV 22 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.

34691

File No.

Registered No. 329

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B

City Koch (No. ..., ... St. ... Ward)

2. FULL NAME Colborn, Cleve

(a) Residence. No. 1704 N. 14th St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. 1 mos. 5 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): Singled

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2nd 1907

7. AGE: Years 20 | Months 10 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Granite Polisher

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Frank Colborn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ills
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ola Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ills
(STATE OR COUNTRY)

14. INFORMANT R. Koch Hospital
(Address) Koch, Mo.

15. FILED Oct. 4, 1928 L. C. Obrock M. D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from 8/29, 1928, to 10/4/28, 19..., that I last saw h... alive on Oct. 4, 1928, and that death occurred, on the date stated above, at 3:45 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis 23H
25
31

About (duration) X yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Gastro Intestinal Tbc.

About (duration) X yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) Wm A. Lacy, M. D

10/4/28 (Address)

*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: Noble Ill — DATE OF BURIAL: Oct 5 1928

20. UNDERTAKER: Hoy Ledner & Co. — ADDRESS: 417 N Market