JAN 25 1929

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

Do not use this space.

41942

1. PLACE OF DEATH
County Ozark
Township Big Creek
City ..... (No. ..... St. ..... Ward)

Registration District No. a 20
Primary Registration District No. 5858

File No. .....
Registered No. 2

2. FULL NAME George Washington Colter

(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 21 yrs. 0 mos. 0 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora L Colter

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

7. AGE: 69 Years [illegible] Months: 5 Days: 20 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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) Kirksville Mo

PARENTS
10. NAME OF FATHER Mark Colter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Mo
12. MAIDEN NAME OF MOTHER Nancy Donovan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Nora L Colter
(Address) Duggansville Mo

15. Jan 1 1929 Mary F Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Dr Brand, 19..., that I last saw h. 15 alive on Sept 15, 1928, and that death occurred, on the date stated above, at Dec 24 a m m. 200, 22 months

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lung Trouble or Abscess on Left Lung
56-E
(duration) yrs. 8 mos. 0 ds. 0

CONTRIBUTORY (SECONDARY) Rheumatism
(duration) yrs. 20 mos. 0 ds. 0

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at his Home
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
, 19 (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: Roads Cemetery
DATE OF BURIAL: 25 Dec 1928

20. UNDERTAKER: John Cure Treble
ADDRESS: Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEAT, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH
County Ozark — Registration District No. 920 — File No.
Township Big Creek — Primary Registration District No. 5858 — Registered No. 2
City (No. , St. Ward)

2. FULL NAME George Washington Colter
(a) Residence. No. 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	5	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED, 19 Mary F. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/24 1928

17. I HEREBY CERTIFY, That I attended deceased from 19 medical 19 that I last saw h alive on , 19 and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lung trouble or abscess on left lung.
(duration) 3 yrs. 2 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 10 Yr
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. George Colter, M. D.
2/25, 1929 (Address) Ocie 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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

S-41942