

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

27529

File No.
 Registered No. 215

1. PLACE OF DEATH

County Pettis Registration District No. 665
 Township Adair Primary Registration District No. 8894
 City (No.) St. Ward)

2. FULL NAME

William Colwell
 (a) Residence. No. Sedalia Route 5 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/24 1930

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

17. I HEREBY CERTIFY, That I attended deceased from 8/23 1930 to 8/24 1930 that I last saw him alive on 8/22 1930, and that death occurred, on the date stated above, at 3:41 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 1844

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 0 19

Dependent Cause unknown
13C (duration) yrs. mos. 2 ds.

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

CONTRIBUTORY (SECONDARY) 16C (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Quincy Ill. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED 16C

10. NAME OF FATHER (D) Colwell

8 IF NOT AT PLACE OF DEATH

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? DATE OF

12. MAIDEN NAME OF MOTHER Don't know

WAS THERE AN AUTOPSY?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?

14. INFORMANT Mrs. Ed Patterson (Address) Sedalia R7D.5

(Signed) D.P. Dyce M. D.

8/23, 1930 (Address) Sedalia 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.

15. FILED 8-26-30 J. Love REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Kerman DATE OF BURIAL Aug 27 1930

20. UNDERTAKER M. Laughlin Ben Brackin ADDRESS

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

SEP 26 1930
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