

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.

NOV 21 1930

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

Do not use this space.

29075

1. PLACE OF DEATH

County Barton  
Township Milford  
City (No. ....) .....

Registration District No. 45-  
Primary Registration District No. 5068

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

William Franklin Colyer

(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 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 Mr Margaret Colyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10-1857

7. AGE 73 YEARS MONTHS 9 DAYS 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) Milton 6 Penn  
(STATE OR COUNTRY)

10. NAME OF FATHER William Colyer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Margaret Colyer  
(Address) Milford Mo.

15. FILED 9/19 1930 J.B. McCoy REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/19 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 16 1930 to Sept 19 1930 that I last saw him alive on April 9 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Epilepsy  
65  
Don't know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 78 (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 Blues  
(Signed) Arthur E. Williams, M. D.

9/19, 1930 (Address) Sheldon 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 St James Cem DATE OF BURIAL Sept 20, 30

20. UNDERTAKER G B Beatty Sr ADDRESS Sheldon Mo

