

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

Do not use this space.

20631

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, (No. 2414 Ashland Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 646

**2. FULL NAME**

Merrill Leonard Colt

(a) Residence, No. 2414 Ashland Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 32 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) Widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>10</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Live Stock Comission  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant.  
10. Date deceased last worked at this occupation (month and year) June, 1931  
11. Total time (years) spent in this occupation. 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exeter, New York.

13. NAME Leonard M. Colt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exeter, N.Y.

15. MAIDEN NAME Mary Blodgett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exeter, N.Y.

17. INFORMANT (ADDRESS) Mrs. Frank Wall 2414 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beloit, Wisconsin DATE June, 22, 1931

19. UNDERTAKER (ADDRESS) Walter Moeie Koffler 1302 Faraon St. St. Joseph, Mo.

20. FILED 6-20 John R. Bender Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to June 19, 1931  
I last saw him alive on June 18, 1931 Death is said to have occurred on the date stated above, at 9.30 P.M.  
The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency Date of onset 108  
(Congestive) 930

Other contributory causes of importance: Lobar Pneumonia 4/6/31

Name of physician None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Thomas Redmond, M. D.  
(Address) Phys. & Surg. Bldg. St. Joseph, Mo.

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.

MIL 22 MS1

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.