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

Do not use this space.

24077

1. PLACE OF DEATH
County Worth
Township Fletchall
City Grant City (No. , St. , Ward)

Registration District No. 903
Primary Registration District No. 4348
File No.
Registered No. 15

2. FULL NAME Thomas Jesse Colcelius

(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 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W.	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie Maria Colcelius

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	9	0	

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) Ray Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John Colcelius
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) Indiana ?
12. MAIDEN NAME OF MOTHER Nancy Seyfold
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) Indiana

14. INFORMANT Nettie Maria Colcelius
(Address) Grant City, Mo.

15. FILED 6/16 1931 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-15 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-10 1931, to 6-15 1931, that I last saw him alive on 6-15 1931, and that death occurred, on the date stated above, at 11:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) 2 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? Physical findings
(Signed) E. J. Rose, M.D.
6/16 1931 (Address) Grant City, 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 Allendale Cemetery
DATE OF BURIAL 6/17 1931

20. UNDERTAKER Arch. C. Dunfee
ADDRESS Grant City

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.

JUL 28 1931