

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

Do not use this space.

35110

**1. PLACE OF DEATH**

County Morgan  
Township Paris  
City Versailles (No. ....)

Registration District No. 598  
Primary Registration District No. 4355

File No. 34  
Registered No. 34  
St. .... Ward)

**2. FULL NAME**

Herbert Colvin

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 5 ds. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
5 6

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Morgan Co  
(STATE OR COUNTRY)

10. NAME OF FATHER Roy Calvin  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Morgan Co  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Effie Morrison  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pulaski Co Mo  
(STATE OR COUNTRY)

14. INFORMANT Roy Calvin  
(Address)

15. FILED 10/8 31 19 31 A N Lutzman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 7 1931 to Oct 8 1931, and that I last saw him alive on Oct 7 1931, on the date stated above, at 8:00 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

volvulus

12 20 B / 12 20 B  
(duration) yrs. mos. 3 ds.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....

0 DID AN OPERATION PRECEDE DEATH. no DATE OF .....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS symptoms  
(Signed) S. S. Newton, M. D.  
Oct 9 1931 (Address) Versailles 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 Big Rock Cemetery DATE OF BURIAL 10-9-1931

20. UNDERTAKER W J Kimmel ADDRESS Versailles

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 4 1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Morgan Registration District No. 398  
 Township Sussex Primary Registration District No. 4355  
 City Sussex No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 34  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1931

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min.  
6 | 6 | \_\_\_\_\_

The principal cause of death and related causes of importance were as follows:

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

Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

13. NAME \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) \_\_\_\_\_

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

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

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

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

20. FILED 10/7/31 A. M. Leman Registrar

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

REGIS. FEE - SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
 Item of information should be applied. AGE should be stated EXACTLY. PHYSICIAN'S STATEMENT OF OCCUPATION properly classified. Exact statement of OCCUPATION.

SUPPLEMENTARY

S-35110