

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

Do not use this space.

40764

**1. PLACE OF DEATH**

County Howard,

Registration District No. 4222

Township.....

Primary Registration District No.....

City Fayette,

(No.....)

File No.....

Registered No. 378

St..... Ward.....

**2. FULL NAME** George B. Colvin,

(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 Virginia, Colvin, (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 / 16 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 0 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer.

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.....

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

FATHER 13. NAME Cooper Colvin,

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rilla Crigier.

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Cooper Colvin, (ADDRESS) Glasgow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland. DATE 1 / 2 1931

19. UNDERTAKER Guy T. Halley, (ADDRESS) Fayette, Mo.

20. FILED Jan 1st 1932 V. L. Bushman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1931, to Dec. 31, 1931

I last saw him alive on 12-31, 1931 Death is said to have occurred on the date stated above, at 6:20 P. m.

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

Generalized peritonitis  
Ruptured ileum  
Date of onset 12-26-31

Other contributory causes of importance:  
Appendectomy Date of 12-26-31  
What test confirmed diagnosis? Operation Was there an autopsy? Yes

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) Wm. J. Shaw, M. D.  
(Address) Fayette, Mo.

JUN 16 1950

**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 Howard  
Township.....  
City Fayette (No. ....)

Registration District No. 378  
Primary Registration District No. 4222

File No. ....  
Registered No. 5  
St. .... Ward)

**2. FULL NAME**

George B. Colvin

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

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

OCCUPATION 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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 1-5-32 W. L. Burkhon Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31 1931

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

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

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

Generalized peritonitis Date of onset

Other contributory causes of importance:

Acute appendicitis with rupture at base of appendix

Name of operation peritonectomy Date of

What test confirmed diagnosis? operation Was there an autopsy?

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

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?

If so, specify

(Signed) Wm. J. Shaw, M. D.

(Address) Fayette, Mo.

SUPPLEMENTARY

5-40764