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

Do not use this space.

25535

File No.

Registered No. 17

1. PLACE OF DEATH
County Caldwell
Township
City Breckenridge (No. , St. Ward)

Registration District No. 94
Primary Registration District No. 4056

2. FULL NAME Adolphus Theodore 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 82 yrs. 7 mos. 13 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 Elizabeth Colvin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1849

7. AGE: Years 82 | Months 7 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Breckenridge Mo

FATHER
13. NAME William C Colvin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City N.Y.

MOTHER
15. MAIDEN NAME Emma L. Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City N.Y.

17. INFORMANT Mrs Birdie Colvin
(ADDRESS) Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE Aug 11 1932

19. UNDERTAKER McPuk
(ADDRESS) Breckenridge Mo

20. FILED Aug 26 1932 E A Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8th-1932, to Aug 8th, 1932
I last saw him alive on Aug 8th, 1932. Death is said to have occurred on the date stated above, at 2-20pm
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral hemorrhage, apoplexy

82 A

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Symptoms 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) A. R. Wilsey, M. D.
(Address) Breckenridge. 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.

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