

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.

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

Do not use this space.

1. PLACE OF DEATH
113 County North Registration District No. 903
Township North Primary Registration District No. 10212
City Grant City (No.) St. Ward

2. FULL NAME Edeline Colvin
(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

31285

File No.
Registered No. 17

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11, 1876

7. AGE YEARS 55 MONTHS 11 DAYS 2 If LESS than 1 day, hrs. min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) Dec 1931 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.

13. NAME W. M. Spindler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.

15. MAIDEN NAME Evangeline Hunt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.

17. INFORMANT (ADDRESS) R. E. Colvin

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo. DATE 9/15/32

19. UNDERTAKER (ADDRESS) John F. Dunfee

20. FILED 9/15/32 John F. Dunfee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Sept 13, 1932
I last saw him alive on Sept 2, 1932 Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
Other contributory causes of importance: 4-8

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) J. K. Phipps, M. D.
(Address) Grant City, Mo.

Date of onset 1931

