WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JAN 21 1933

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

Do not use this space.

38447

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File No.
Registered No. 1160

1. PLACE OF DEATH
County Buchanan
Registration District No.
Township
Primary Registration District No. 1001
City St. Joseph, (No. 615 Main St. Ward)

2. FULL NAME Beverly Lucile Colwell,
(a) Residence, No. 615 Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y. 11, 1931

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
1	10	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St. Joseph, Missouri,

FATHER
13. NAME Perl Colwell,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 31

MOTHER
15. MAIDEN NAME Esther Lee,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amazonia, Missouri, 1

17. INFORMANT (ADDRESS) Mrs. Esther Colwell 615 Main Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amazonia, Mo. DATE Dec. 2, 1932

19. UNDERTAKER (ADDRESS) Theodore DeGolia & Brunner 319 S. 10th. St. Funeral Home

20. FILED Dec 1, 1932 John R Kerdeis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1932, to Dec 1st, 1932
I last saw h. alive on Nov 30, 1932 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 22.
Other contributory causes of importance: Diarrhea & Enteritis	

Name of operation Date of
What test confirmed diagnosis? 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) D. Dow J. Flynn, M. D.
(Address) 209-210 Corpenter Bldg.