

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

Do not use this space.

33426

1. PLACE OF DEATH

County Jasper
Township Salina
City Jasper (No. R.R. # 3)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R.R. # 3
(Usual place of abode)

Length of residence in city or town where death occurred

yrs. mos. ds.

St. _____ Ward _____

(If nonresident, give city or town and State)

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 Mary Colwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 18 50

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	83	6	27	

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

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) 1976 11. Total time (years) spent in this occupation Life

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

13. NAME John Colwell

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

15. MAIDEN NAME Mary Colwell

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Beatha Ratz

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Creek DATE Apr 11 1933

19. UNDERTAKER Proster M Clark (ADDRESS) Salina Kansas

20. FILED 10-14 1933 Ed Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Oct 6 1933

I last saw him on Oct 6 1933 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:

Chronic Nephritis Indigestion

Other contributory causes of importance: 121 131

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 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? _____

If so, specify _____

(Signed) G. V. Jones M. D.

(Address) Salina Kansas

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.

NOV 10 1933

MOTHER FATHER

