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.

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

Do not use this space.

1934

1. PLACE OF DEATH
County Boone — Registration District No. 75
Township Perche — Primary Registration District No. 5114
City ..... (No. ..... St. ..... Ward)

File No. 35679
Registered No. .....

2. FULL NAME Bobbie Colley

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-9-1933

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or 10 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. Infant
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) Missouri

FATHER
13. NAME Benjamine Marson Colley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME Madene Chissen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co MO

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perche Cem DATE Nov 9 1933

19. UNDERTAKER (ADDRESS) Father

20. FILED Dec 10 1933 Mrs H. Gullett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-9, 1933, to ....., 19....
I last saw him alive on Nov-9, 1933 Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
159 Premature	

Other contributory causes of importance:

159

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) H. Gullett, M. D.
(Address) Harrisburg Mo