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. 37388

1. PLACE OF DEATH

County Remiscot — Registration District No. 114 — File No. 26

Township Butler — Primary Registration District No. 5867 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Charley Colvin

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 19 – 1882

7. AGE: YEARS 51 — MONTHS — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer
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): Bedford Ill.

FATHER

13. NAME: Elmer Colvin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bedford Ill.

MOTHER

15. MAIDEN NAME: Shelton Lester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bedford Ill.

17. INFORMANT (ADDRESS): Raymond Colvin, Portageville RF D 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville Mo DATE Nov 2, 1933

19. UNDERTAKER (ADDRESS): ~~Portageville~~ R M Payne, Portageville Mo

20. FILED 11/10, 1933 — [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19..., to [illegible], 19...

I last saw h[illegible] alive on [illegible], 19... Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	
[illegible]	
[illegible]	
cancer	

Other contributory causes of importance: 53 E

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? .....

If so, specify .....

(Signed) A A Reader, M. D.

(Address) Portageville Mo