



AGE should be stated EXACTLY. PHY. Information should be carefully sum.

#2 Dent.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS 16250

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mrs. Roy. Colbert
Who died at _____ on May 6 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex 7 Color or race W Single, married, widowed or divorced.

Date of birth _____ Age: Years 26 Months 4 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Seaboard Co. Mo.

Birthplace of father (State or country) Seaboard Co. Mo.

Birthplace of mother (State or country) Seaboard Co. Mo.

Principal cause of death: Compound comminuted fracture of cranial vault due to car accident. Car overturned when tire blew out, throwing deceased against a rock

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 7/6, 1934

Where did injury occur? 2 1/2 miles N.W. Seaboard Co. Ark. Co.
(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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar W. H. Ridd

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 366 Very truly yours,

Primary Reg. Dist. No. 5370

E. T. McGaugh, M.D.
Special Agent.

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MAILED & SERVED FOR BINDING