AUG 29 1934

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 25495
Township Mason — Primary Registration District No. 3029 — Registered No. 226
City Hannibal (No. St. Elizabeth Hospital St. 6 Ward)

2. FULL NAME Laura Ellen Colvin
(a) Residence, No. 606 Union St., 4 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 Female
4. COLOR OR RACE White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (*write* the word) Married
5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF James H. Colvin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1867
7. AGE YEARS 67 MONTHS — DAYS 5 If LESS than 1 day, ...hrs. or ....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. House Wife
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) Frankford Mo.

FATHER
13. NAME Henry Grendt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Marcline Denslow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mr. Cecil Colvin Hannibal Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet Cemetery DATE 7-26, 1934
19. UNDERTAKER (ADDRESS) James Donnell Hannibal Mo.
20. FILED July 27, 1934 R. M. Isbister Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934
22. I HEREBY CERTIFY, That I attended deceased from 1933, 19..., to July 24, 1934
I last saw her alive on July 24, 1934. Death is said to have occurred on the date stated above, at 10 32/a m.
The principal cause of death and related causes of importance were as follows:
Gall Stones — Date of onset
126
127A
126
Other contributory causes of importance:

Name of operation remove Gall Stones from common duct Date of
What test confirmed diagnosis? operation 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) A. L. Shanks, M. D.
(Address) Hannibal Mo

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.

100M-11-24-33