

JAN 8 1935

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

Do not use this space.

39010

1. PLACE OF DEATH

County Adair Registration District No. 283
Township Buffalo Primary Registration District No. 5402
City Cardwell (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

William B. Colledge
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
21

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cardwell (STATE OR COUNTRY) Mo

13. NAME Earl Colledge

14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) _____

15. MAIDEN NAME Bulah Bailey

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) _____

17. INFORMANT Earl Colledge (ADDRESS) Cardwell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell DATE 11/20 1934

19. UNDERTAKER Home Made (ADDRESS) _____

20. FILED 12-15 1934 E. J. Newson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28-34

22. I HEREBY CERTIFY, That I attended deceased from _____

11-23-34, to 11-23-34

I last saw him alive on 11-23-34, 1934 Death is said

to have occurred on the date stated above, at 3:20 a.m.

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

Whooping Cough Date of onset _____

Bronchial Pneumonia

Other contributory causes of importance: _____

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 _____, 1934

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? no

If so, specify _____

(Signed) J. J. Simpson, M. D.

(Address) Cardwell Mo

