

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.

JAN 28 1935

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

Do not use this space.

43768

**1. PLACE OF DEATH**

County Monroe Registration District No. 587  
Township Woodlawn Primary Registration District No. 1585  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 7

**2. FULL NAME**

Sabrie E. Colles  
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Colles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/20/1864</u>		
7. AGE YEARS <u>70</u>	MONTHS	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 21, 1934

I last saw her alive on Dec 21, 1934 Death is said to have occurred on the date stated above, at 9 A. m.

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

Other contributory causes of importance:  
[Signature]

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? no  
If so, specify \_\_\_\_\_  
(Signed) J. R. Turner MD  
(Address) Madison Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

MOTHER FATHER

13. NAME James E. Peckert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

15. MAIDEN NAME Mildred Ganness

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

17. INFORMANT Mrs. Katherine Woods  
(ADDRESS) Madison Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Coke Grove DATE Dec 23, 1934

19. UNDERTAKER W. A. Thompson  
(ADDRESS) Madison Mo

20. FILED 12 22, 1934 J. W. Muddler  
Registrar

