

MAR 20 1936

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

Do not use this space.

1867-a

1. PLACE OF DEATH

County Johnson
Township East Oak
City (No. _____) _____

Registration District No. H30
Primary Registration District No. 5586

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Samuel H. Colbert

(a) Residence, No. P.O. #5 Warrensburg, Mo. St. Ward _____
(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 M 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Jennie Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5, 1848

7. AGE YEARS 87 MONTHS 10 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Casper Co. Mo.

MOTHER 13. NAME William Colbert

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Amanda Oglesby

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs Essie Jones
(ADDRESS) Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Jan 13 1936

19. UNDERTAKER W.F. Wilcox Funeral Service
(ADDRESS) Warrensburg Mo.

20. FILED Jan 13 1936 O.B. Adams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1936

22. I HEREBY CERTIFY that I attended deceased from never attend _____ to _____, 19____.
I last saw h_____ alive on 7 or 8 days _____ Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

Paralysis of right side
Diab.
Date of onset Jan 21 1936

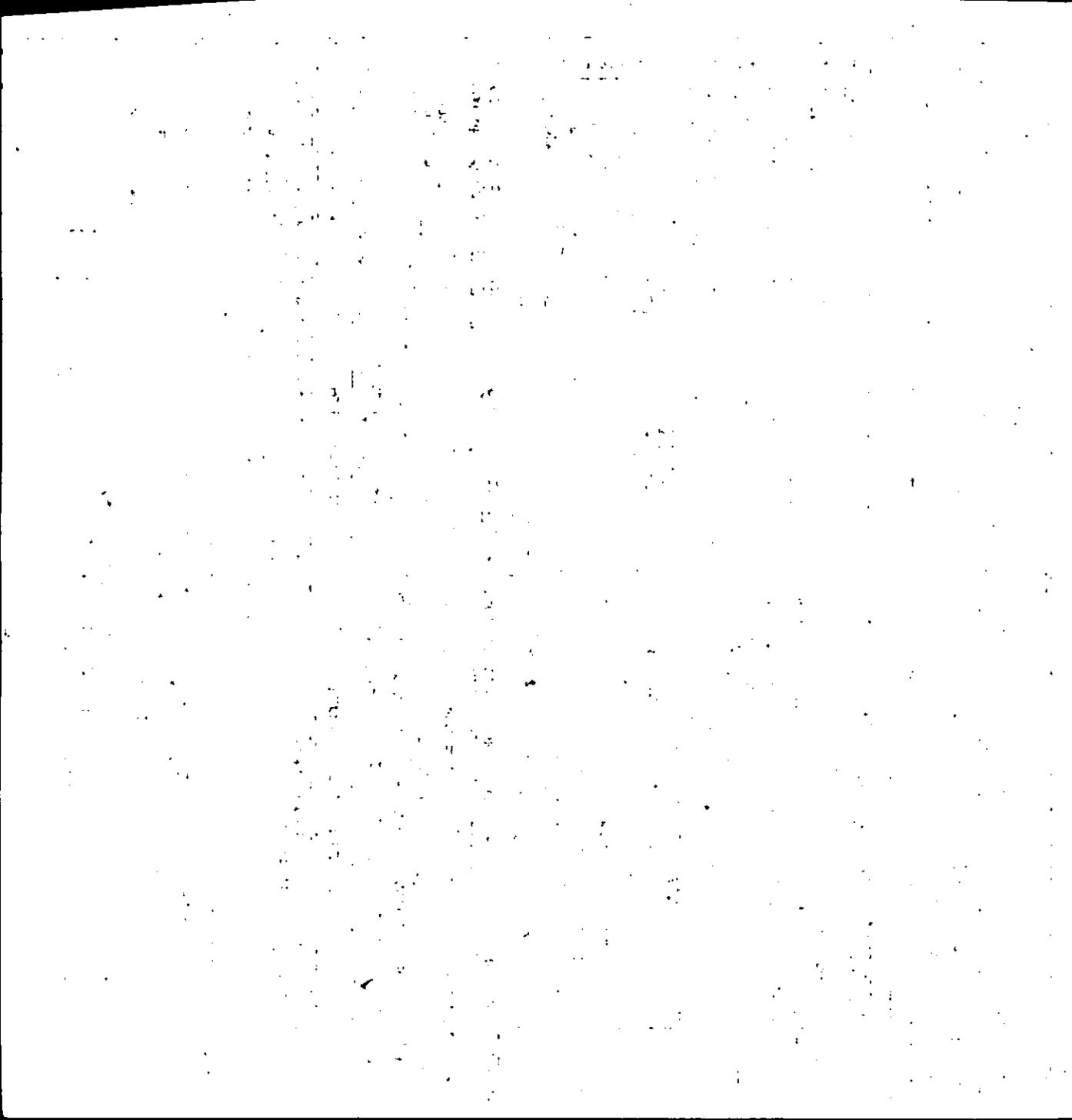
Other contributory causes of importance:
Insane several years

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? W Date of injury _____
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? W
If so, specify _____
(Signed) John T. Anderson M. D.
(Address) Warrensburg



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1. PLACE OF DEATH

County Johnson
Township East Oak
City..... (No..... St..... Ward)

Registration District No. 430
Primary Registration District No. 53-86

File No.....
Registered No.....

2. FULL NAME

Samuel H. Colbert

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Apr 4 36 OT Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1936

22. I HEREBY CERTIFY That I attended deceased from 11/20/35 attended in Johnson 19.....

I last saw him alive on 4/24/36 19..... Death is said to have occurred on the date stated above, at..... m.

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

Hemiplegia of right side Cerebral hemorrhage Date of onset.....

Other contributory causes of importance:

read been ill for a number of days

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? no Date of injury..... 19.....

Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John S. Anderson, M. D.

(Address) Warrensburg mo

