

JUN 12 1936

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

Do not use this space.

1. PLACE OF DEATH

County Boone  
Township Edgar  
City Ashland (No. ....)

Registration District No. 71  
Primary Registration District No. 4040

File No. 21965  
Registered No. ....  
St. .... Ward)

2. FULL NAME Edgar Colvin

(a) Residence, No. .... 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.    (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male    4. COLOR OF RACE White    5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13-1874

7. AGE    YEARS    MONTHS    DAYS    If LESS than 1 day, ..... hrs. or ..... min.  
61    11    24

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. 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) Missouri

13. NAME Marituous Colvin

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

15. MAIDEN NAME Ellen Doizer

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

17. INFORMANT Stacy Colvin (ADDRESS) Ashland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washville DATE June 9 1936

19. UNDERTAKER (ADDRESS) Ashland Mo

20. FILED June 12 1936 Mable D. Nichol Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934 to June 7 1936

I last saw him alive on June 7 1936 Death is said to have occurred on the date stated above, at 11:55 P.M.

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

Carcinoma of prostate    Date of onset

Other contributory causes of importance:

Name of operation    Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

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) H. B. Jeffrey    M. D.

(Address) Ashland 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.

