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-1-20-36 I X7044

JAN 19 1937

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

Do not use this space.

41005

1. PLACE OF DEATH
County Greene — Registration District No. 320 — File No. 20
Township [illegible] — Primary Registration District No. 5443 — Registered No.
City Springfield (No. St Johns Hosp St. Ward)

2. FULL NAME Juanita M. Colvard.
(a) Residence, No. R. No 7 Springfield St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
2	7	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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

FATHER
13. NAME Paris Colvard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ruby Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Paris Colvard R No 7 Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Creek DATE 11/3 1936

19. UNDERTAKER (ADDRESS) J W Klingner & Co Springfield Mo

20. FILED 11/4 1936 Lucy E. Hoyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2- 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-28- 1936, to 11-2- 1936
I last saw her alive on 11-2 1936 Death is said to have occurred on the date stated above, at 1:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Capilary Bronchitis	10-27
Other contributory causes of importance: Illio Colitis	10-25

Name of operation none Date of ✓
What test confirmed diagnosis? usual S. 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) B J Windle, M. D.
(Address) Boie D'Arc Mo