

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.

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

Do not use this space.

DEC 8 1936

42140

1. PLACE OF DEATH

County Pettis Registration District No. 668  
Township Sedalia Primary Registration District No. 9002  
City Sedalia No. 916 S. Ohio St. Ohio Ward

File No. 348  
Registered No. 668

2. FULL NAME

Henry E. Colvin  
(a) Residence, No. 916 S. Ohio St. Ohio Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jodie Colvin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20 - 1856</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>8</u>
	DAYS <u>8</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	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) Nov 28<sup>th</sup>, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1936, to Nov 29, 1936

I last saw him alive on Nov 28, 1936 Death is said to have occurred on the date stated above, at 7:50 a.m.

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

Coronary Thrombosis Date of onset Nov 1936

Other contributory causes of importance:

Arteriosclerosis

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) A. L. Walter, M. D.  
(Address) Sedalia Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	13. NAME <u>Billian Colvin</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	15. MAIDEN NAME <u>Nancy</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kent</u>
	17. INFORMANT (ADDRESS) <u>Miss Mary Colvin</u> <u>Sedalia Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mem Park</u> DATE <u>11-30-1936</u>	
19. UNDERTAKER (ADDRESS) <u>Mc Laughlin Bros</u> <u>Sedalia Mo</u>	
20. FILED <u>11-30</u> , 19 <u>36</u> <u>Stan Slack</u> Registrar.	

