JAN 19 1937

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

Do not use this space.

45037

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1007 — Registered No. 5621
City K.C.M (No. 1416 East 5th St St. Ward)

2. FULL NAME Frank Colley
(a) Residence, No. 1416 East 5th St 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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Beatrice Colley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 14th 1885

7. AGE: Years 51 — Months 11 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
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): Lexington Mo

FATHER
13. NAME: John Colley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Matilda Brasfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Selina County Mo

17. INFORMANT (ADDRESS): Mrs Beatrice Colley 1416 East 5th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE Dec 31 - 1936

19. UNDERTAKER (ADDRESS): H.B.Moore 1820 East 18th St

20. FILED Dec 30 1936 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 - 1936, to Dec. 28 - 1936
I last saw him alive on Dec 25 1936. Death is said to have occurred on the date stated above, at 12-07 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:
Hypertension
Generalized Sclerosis

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) [illegible], M. D.
(Address) 1830 Vine

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.

WRITE PLAINLY, WITH UNFADING INK. USE PEN AND INK. DO NOT PENCIL. RECORD

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