

FEB 17 1937

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

Do not use this space.

1512

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Bears Primary Registration District No. 1602
City St. Louis City (No. Gen. Hosp #2)

File No. 303
Registered No. 303
St. _____ Ward _____

2. FULL NAME

William Colbert

(a) Residence, No. 1209 Euclid 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
37 2 7

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 289

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria Va.

13. NAME James E. Colbert

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

15. MAIDEN NAME Wentworth

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

17. INFORMANT Maime Mae Henry (ADDRESS) 1417 612 1/2 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Alexandria Va DATE 1-19 1937

19. UNDERTAKER Sawyer-Camp & Strong (ADDRESS) 1119 612 1/2 St

20. FILED Jan 19 37 M. M. Coroner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, _____, 19____

Deputy Coroner
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:22 PM.

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

Homicide
Stab wound of neck
Ext Hemorrhage
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Emp Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 1-2 1937

Where did injury occur? 12th and Highland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In street 12th and Highland

Manner of injury Stab wound of neck

Nature of injury Stab wound of neck Ext Hemorrhage

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

If so, specify _____ (Signed) Lieutenant Richardson M. D.

(Address) 1832 Vane 4

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.

