

APR 23 1937

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

Do not use this space.

12960

1. PLACE OF DEATH

County Pettis Registration District No. 668 File No. 96
Township..... Primary Registration District No. 3032 Registered No. 668
City Sedalia (No.....) St. Ward.....

2. FULL NAME

Willie Francis Colaflower
(a) Residence, No. 16 + Madison St. Ward.....
(Usual place of abode) (If nonresident, give city or town and State).
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Colaflower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as milk 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) Florens, Missouri

MOTHER FATHER 13. NAME William Mitchel

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

15. MAIDEN NAME May Cramer

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

17. INFORMANT (ADDRESS) Ray Colaflower
Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Mar 24 1937

19. UNDERTAKER (ADDRESS) McLaughlin Bros
Sedalia

20. FILED Mar 24 1937 Jess Black
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1937
22. I HEREBY CERTIFY That I attended deceased from Mar 20 1937 to Mar 22 1937
I last saw h. alive on Mar 22 1937 Death is certified to have occurred on the date stated above, at 6:45 P. M.
The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
Femoral Hernia

Date of onset 3-22-37
1637

Other contributory causes of importance: 1920

Name of operation Laparotomy Date of 3-22-
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

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.

