

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

Do not use this space.

JUL 29 1937

1. PLACE OF DEATH

County *Linn*
Township *Waverly*
City (No. _____) _____ St. _____ Ward _____

Registration District No. *495*
Primary Registration District No. *5629*

File No. *24172*
Registered No. *3*

2. FULL NAME

Isaac Colbert

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>divorced</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lula Mabry</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 3 1857</i>				
7. AGE	YEARS <i>81</i>	MONTHS <i>8</i>	DAYS <i>18</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Team</i>			
	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) <i>Linn Co Ky</i>				
MOTHER	13. NAME <i>John Colbert</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>			
	15. MAIDEN NAME <i>Virginia Wheeler</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>			
17. INFORMANT <i>Kenneth Colbert</i> (ADDRESS) <i>Linn Mo</i>				
18. BURIAL, CREMATION OR REMOVAL <i>Crown Stone Cemetery</i> DATE <i>6-28 1937</i>				
19. UNDERTAKER <i>Graves Blankhead</i> (ADDRESS) <i>Lawrence Linn Mo</i>				
20. FILED <i>June 24 1937</i> <i>Mabry Matthey</i> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 21 1937*

22. I HEREBY CERTIFY That I attended deceased from *March 26 1937* to *June 14 1937*
I last saw him alive on *June 14 1937* Death is said to have occurred on the date stated above, at *5130* m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Date of onset _____

Other contributory causes of importance:
Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) *R. M. Perry*, M. D.
(Address) *Siley Mo.*

This certificate is a public document and its contents are a matter of public record. It is to be preserved in the public records of the State of Missouri.

