

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.

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 796
Township _____ Primary Registration District No. 3038
City Marshall (No. 760 20 Odell) St. _____ Ward _____

File No. 35418
Registered No. 158

2. FULL NAME

Washington Hayden Colvert

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Willie Colvert</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30, 1850</u> | | |
| 7. AGE | YEARS <u>86</u> | MONTHS <u>9</u> |
| | DAYS <u>21</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>Coal Dealer</u> | |
| | 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) <u>Shelby Co Mo</u> | | |
| MOTHER / FATHER | 13. NAME <u>John R. Colvert</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u> | |
| | 15. MAIDEN NAME <u>Elizabeth Griffith</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> | |
| 17. INFORMANT <u>Mrs. Willie Colvert</u> (ADDRESS) <u>Marshall, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park Cem</u> DATE <u>Sept 23 1937</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Short & Mary</u> <u>Marshall, Mo.</u> | | |
| 20. FILED <u>9-23-37</u> 19 <u>37</u> <u>Mary K. Ant</u> Deputy Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____ 1937, to Sept 21, 1937
I last saw him alive on Sept 21, 1937. Death is said to have occurred on the date stated above, at 7:20 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis Date of onset 1937
Chronic valvular heart disease and arteriosclerosis
Other contributory causes of importance:
Chronic valvular heart disease and arteriosclerosis
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) J. H. Manning, M. D.
(Address) Marshall, Mo

