

JAN 17 1938

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

Do not use this space.

44188

1. PLACE OF DEATH

County Jackson  
Township Howe  
City Manassas

Registration District No. 399  
Primary Registration District No. 1002  
(No. Police Station no 1)

File No. \_\_\_\_\_  
Registered No. 5091  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Paul Colton

(a) Residence, No. 487 N. Grand 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28 1891</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>8</u>	DAYS <u>9</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>Labor</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) Manassas (STATE OR COUNTRY) Mo

MOTHER FATHER 13. NAME Hermany Colton

14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Reynolds

16. BIRTHPLACE (CITY OR TOWN) Manassas (STATE OR COUNTRY) Mo

17. INFORMANT Coroner's office (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Ms. DATE Dec 18-37

19. UNDERTAKER Reverend Funeral Home (ADDRESS) Manassas City, Manassas

20. FILED Dec 19 37 M. M. Lawrence Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, \_\_\_\_\_ m.

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

Acute alcoholism Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.

(Address) [Signature]

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.

