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.

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

Do not use this space.

2
1

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 2192

12 Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 21

City ~~Morrocco~~ Dist (No. Morroco, ... St. ..... Ward)

2. FULL NAME Joseph Crowel Colo

(a) Residence, No. Morroco Dist St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12-18-55

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	10	10	

OCCUPATION

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

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 All Life

12. BIRTHPLACE (CITY OR TOWN) Unknown 1
(STATE OR COUNTRY) Georgia

FATHER

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) 9
(STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Arthur Jackson
(ADDRESS) Morrocco

18. BURIAL, CREMATION, OR REMOVAL Morrocce Cem
PLACE Morocco DATE Jan 24 1938

19. UNDERTAKER Frank Und Co
(ADDRESS) Poplar Bluff, Mo.

20. FILED 1/24 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22- 1938

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.55 m. P. M.

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

	Date of onset
Cardiac asthma?	

Other contributory causes of importance:

95B2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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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? 11

If so, specify .....

(Signed) Grover W Green Coroner M. D.

89 (Address) Poplar Bluff