

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

Do not use this space.

REC'D JUN 15 1938

17853

**1. PLACE OF DEATH**

County Butler  
 Township Neely  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 88  
 Primary Registration District No. 5130

File No. \_\_\_\_\_  
 Registered No. 27 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Jane Colburn  
 (a) Residence, No. 5 miles N. of Neelyville Mo. Ward \_\_\_\_\_  
 (Usual place of abode)

415  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver Abel Colburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 11 21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) April 1938 11. Total time (years) spent in this occupation 44

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

MOTHER 13. NAME Mrs. Marion Outrey

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

15. MAIDEN NAME Blarinda Pritchell

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

17. INFORMANT B. L. Turner (ADDRESS) Neelyville Mo. R. # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Chadrock Cemetery 5-3-1938

19. UNDERTAKER Marvin Fish (ADDRESS) Neelyville Mo.

20. FILED E-1 1938 B. L. Turner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to May 1, 1938  
 I last saw h. or alive on May 1, 1938. Death is said to have occurred on the date stated above, at 11:00 a. m.

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

Pleuro-Pneumonia -  
T. O. B. O. Date of onset 4-27-38

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cerebral 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) B. L. Turner, M. D.  
 (Address) Neelyville 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.

