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.

REC'D AUG 25 1938

1. PLACE OF DEATH
County Lincoln
Township
City Troy Mo. (No. , St. Ward)

Registration District No. 491
Primary Registration District No. 4298

File No. 25806
Registered No.

2. FULL NAME Elmer Virgil Colbert
(a) Residence, No. Troy Mo 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1938
7. AGE YEARS MONTHS DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Troy Missouri

FATHER
13. NAME Elmer Virgil Colbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Missouri

MOTHER
15. MAIDEN NAME Mary Wanick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Elmer Virgil Colbert Troy Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sulphur Lick DATE July 11, 1938
19. UNDERTAKER (ADDRESS) Wayne McCoy Troy Mo.
20. FILED July 11, 1938 Mrs Carl Muck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 3, 1938, to July 11, 1938
I last saw him alive on July 10, 1938. Death is said to have occurred on the date stated above, at 10 AM.
The principal cause of death and related causes of importance were as follows:

Cerebral Injury (Birth) — Date of onset July 3 '38

16 hrs

Other contributory causes of importance:

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?
If so, specify
(Signed) J. C. Creech, M. D.
(Address) Troy, Mo.