

SEP 20 1938

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

Do not use this space.

29388

1. PLACE OF DEATH

County Lincoln  
Township Waverly  
City (No. ....) St. .... Ward

Registration District No. 495  
Primary Registration District No. 5659

File No. ....  
Registered No. 2

2. FULL NAME

Larula Bell Colbert

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Colbert

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1875

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>63</u>	<u>2</u>	<u>4</u>	

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leass Mo. Lincoln

13. NAME Isaac Mabry

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

15. MAIDEN NAME Margaret Dixon

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

17. INFORMANT (ADDRESS) Paray Colbert 220

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Louisville Mo. 9-1-38

19. UNDERTAKER (ADDRESS) Grace Bantchead 1301 W. 13th St. Mo.

20. FILED Aug 31 1938 Imabry Matley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11 1938 to August 30 1938

I last saw him alive on August 10 1938 Death is said to have occurred on the date stated above, at 11 A.M.

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

Chronic myocarditis Date of onset ✓

Other contributory causes of importance: arterio-sclerosis ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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. B. Hoeger M. D. (Address) St. Louis 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.

