

1939 APR 11 1939

683

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

Do not use this space.

10135

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph, Mo. (No. State Hospital #2, St. Ward)

File No. 293
Registered No. 293

2. FULL NAME

Frankie Colvin
(a) Residence, No. 2505 Prospect, K.C., Mo., 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. 28 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) widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deceased (ma)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — — 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 — —

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.

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) Kansas

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Records of Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Cemetery DATE 3/25 1939

19. UNDERTAKER (ADDRESS) Clark Mortuary, St. Joseph, Mo.

20. FILED 3/29 1939 H. H. Hester Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1939, to March 20 1939

I last saw her alive on March 20, 1939 Death is said to have occurred on the date stated above, at 4:30 pm

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

Lobar pneumonia - Mar. 13, 1939

Other contributory causes of importance: 158

General arteriosclerosis 1939

Name of operation none Date of —

What test confirmed diagnosis? no way Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. C. Miller, M.D.

(Address) State Hospital #2

St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PUBLIC RECORD. 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.

