

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

11728
Do not use this space.

REC'D APR 13 1939

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625
 (b) Township Folk Primary Registration District No. 3091 Registered No. 37
 (c) City Paryville (d) Street No. St. Francis Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Sarah Belle Colbert

(a) Residence, No. 416 Marvville, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Oct. 26, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 4 17
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Lebanon
 (STATE OR COUNTRY) Ohio

FATHER 13. NAME David F. Colbert

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

MOTHER 15. MAIDEN NAME Jane Evans

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

17. INFORMANT Geo. H. Colbert
 (ADDRESS) Marvville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon, Ohio, DATE _____, 19____

19. FUNERAL DIRECTOR (NAME) Cummins Furn. Co.
 (ADDRESS) Marvville, Mo.

20. FILED 3-14 1939 Mamie E. Clardy
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1939

22. I HEREBY CERTIFY That I attended deceased from Jou - 1939, to March 13, 1939
 I last saw her alive on March 13, 1939 Death is said to have occurred on the date stated above at _____ m.
 The principal cause of death and related causes of importance were as follows:

Weakness & Dizziness following a Fracture left hip
 Date of onset _____

Other contributory causes of importance: _____

Name of operation Chloroform 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) Chas. T. Bell, M. D.
 (Address) Marvville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MAKE CERTAIN, WITH OUT-POURING INK—THIS IS A PERMANENT RECORD

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STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. B. Cummings, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *J. B. Cummings*

Licensed Embalmer No. *1675*

P. O. Address *Marquill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

Mississippi State Board of Health

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11728
Do not use this space.

1. PLACE OF DEATH

(a) County Madaway Registration District No. 620
 (b) Township _____ Primary Registration District No. 3031 Registered No. 37
 (c) City Maryville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Sarah Belle Colbert

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 4 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19__

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-1939

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 _____ m.

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

Weakness & senility following a fractured hip
 Other contributory causes of importance: 196

Name of operation _____ Date of _____

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

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

Accident, suicide, or homicide? Accident Date of injury 3-13-1939

Where did injury occur? Tomas Prop. Maryville (Specify city or town, county, and State)

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

Manner of injury While working in hall in shop she fell & broke hip

Nature of injury open & closed fracture neck of femur left side

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Chas J. Bell (Signed) _____ M. D.

(Address) Maryville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

SUPPLEMENTARY

1957 - 2 - 1958

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