

36974

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly mo

(c) Name of hospital or institution: Mc Cormick Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 409 E. Burkhart
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Veda E. Colvin 415

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th
year 1939 hour 2 minute - a. M.

21. I hereby certify that I attended the deceased from Sept 4
1939, to Sept 30, 1939;
that I last saw her alive on Sept 30, 1939;
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Albert A. Colvin

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 11 1886
(Month) (Day) (Year)

Immediate cause of death Streptococcal infection of face

Due to Cause unknown

Due to _____

Other conditions (include pregnancy within 3 months of death) 76

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>6</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country) Mo

10. Usual occupation At home

11. Industry or business _____

12. Name William B. Balkoun

13. Birthplace _____
(City, town, or county) (State or foreign country) Mo 1

14. Maiden name Mother Baker

15. Birthplace _____
(City, town, or county) (State or foreign country) Va

16. (a) Informant's own signature J. P. Colvin

(b) Address Moberly mo

17. (a) _____ (b) Date thereof Oct 2nd 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly mo

19. (a) Oct 2 - 1939 (b) Peck Williams
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature J. P. McCormick (M. D. or other) _____

Address Moberly mo. Date signed 10-1-39

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

Rev. 5-17-39
I X1951

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.

RECEIVED

District Health Officer No. 10

District File Number 11-39-1953

Date Filed NOV 15 1939

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank D DeWitt

Licensed Embalmer No. 3821

P. O. Address Moberly Mo

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.