

DEC 18 1939

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

40414
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 626
(b) Township Rolt Primary Registration District No. 3031 Registered No. 158
(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 4110 Freeborn Thompson Colwell

(a) Residence, No. 501 S. Mattie 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-15-1850

7. AGE YEARS 89 MONTHS 3 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Piqua Ohio

FATHER 13. NAME Axel Colwell

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) H. C. Colwell Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City DATE Dec 1st 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home Maryville

20. FILED 11-30-39 1939 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1939 to Nov 28, 1939
I last saw him alive on Nov 25, 1939. Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Feb
Other contributory causes of importance: Senile

Name of operation None 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? _____ 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) H. C. Colwell M. D.

(Address) Maryville 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.

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.....

William Campbell, Registered Apprentice No.....
working under my personal supervision.

Signed.....

William Campbell

Licensed Embalmer No.....

2670

P. O. Address.....

Maryville TN

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.