FILED JUN 7 1946

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

Do not use this space.

1. PLACE OF DEATH
County Stone. Registration District No. 344. File No. 19199
Township Pine. Primary Registration District No. 6157. Registered No. 3
City ..... (No. 1, ... St. ..... Ward)

2. FULL NAME William H. Colston.
(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: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 - 1878

7. AGE: YEARS 67 | MONTHS 7 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Missouri.

FATHER
13. NAME John Colston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Mary Gunter.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "Unknown.

17. INFORMANT James W. Peterson
(ADDRESS) Berryville, Ark., R. # 4.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Eye Mo DATE May 28 1946

19. UNDERTAKER George Haines Acting
(ADDRESS) Nelson Funeral Home Berryville, Ark.

20. FILED May 28, 1946 Myrtle Gofourth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1946.

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 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the lungs.	

Other contributory causes of importance:

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? ..... 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? .....
If so, specify .....
(Signed) C. E. Miller, M. D.
(Address) Blue Eye, Mo.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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.

18076

X7044

I hereby certify that the body named on the reverse side of this certificate was embalmed by me May 28th 1946

W. E. Summerford

Liscensed Embalmer No. 3007

P.O. Address Berryville, Ark