

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

Do not use this space.

36751

1. PLACE OF DEATH

County Franklin
Township Caradoc
City St. Louis

Registration District No. 391
Primary Registration District No. 6-546a

File No. _____
Registered No. 45
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
74 8 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Reynolds Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Joseph Collyott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Polly Brewer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) _____

14. INFORMANT Jasper Collyott
(Address) St. Louis Mo

15. FILED 11/9/28 Robert Pasche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1928

17. I HEREBY CERTIFY, That I attended deceased from 1925 to Nov 8, 1928.
that I last saw him alive on Nov 7, 1928, and that death occurred, on the date stated above, at 5-30 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

ascending Bulbar Paralysis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at Co. Farm

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ocular
(Signed) John A. Marshall, M. D.

11-9, 1928 (Address) South Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Berryman Cem

11 9 1928

20. UNDERTAKER

ADDRESS

Neighbors

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.

