

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

Do not use this space.

1143

1. PLACE OF DEATH

42 County Henry
Township Springfield
City..... (No. St. Ward)

Registration District No. 349
Primary Registration District No. 3300

File No.
Registered No. 2

2. FULL NAME Cynthia A. Colbert

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 George Colbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Washington Young

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

MOTHER 15. MAIDEN NAME Jennie McDaniel

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

17. INFORMANT Mrs Will Turner
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL Windsor
PLACE DATE Jan. 17-33

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL
(ADDRESS) Windsor, Missouri

20. FILED 1-18 1933 Mrs. A. C. Gray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16-33 19

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Nov 26, 1932
I last saw him alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

General Paralysis
82 D
97
J. W. W.
Other contributory causes of importance:
Arterio Sclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? Alcohol 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) T. J. Henderson M. D.
(Address) Windsor 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.

