

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

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

Do not use this space.

975

1. PLACE OF DEATH

County Boon  
Township Liberty  
City Blower (No. 1034)

Registration District No. 1034  
Primary Registration District No. 5547

File No. 1  
Registered No. 88  
St. Blower Ward 1

2. FULL NAME

(a) Residence, No. Jasper A. Collyott (Usual place of abode)  
Length of residence in city or town where death occurred 4 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 Cordelia Collyott  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1862 Feb 14  
7. AGE YEARS 71 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as 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) Raymond Co Mo  
13. NAME Jasper Collyott  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
15. MAIDEN NAME Polly Brewer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Gentry Collyott  
18. BURIAL, CREMATION, OR REMOVAL PLACE Blower Mo DATE Jan 9 1934

19. UNDERTAKER (ADDRESS) White 6  
20. FILED Jan 18 1934 Mr May Newton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1934  
22. I HEREBY CERTIFY That I attended deceased from Jan 6 1934 to Jan 8 1934  
I last saw him alive on Jan 6 1934 Death is said to have occurred on the date stated above, at 3:25 p.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Jan 4-34  
106 106

Other contributory causes of importance:  
Name of operation none Date of none  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury none  
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 none  
Nature of injury none  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify none  
(Signed) J. H. Martin M. D.  
(Address) Blower, Mo

