

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.

Do not use this space.

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

MAR 24 1934

4683

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township White Oak Primary Registration District No. 5495
 City Linn near Urish (No. _____) St. _____ Ward _____

2. FULL NAME

Paul Colson
 (a) Residence, No. near Urish 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. 5 mos. _____ ds. How long in U. S., if of foreign birth? 51 yrs. 4 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) Marion Colson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3rd 1883
 7. AGE YEARS 51 MONTHS 4 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeping
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
 10. Date deceased last worked at this occupation (month and year) Dec. 1933 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Marshall Mo.

13. NAME Jamie Gibbs

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

15. MAIDEN NAME Margaret McElister

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

17. INFORMANT Marion Colson (ADDRESS) Urish Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Cem. DATE Feb 28, 1934

19. UNDERTAKER H. P. Smith (ADDRESS) Urish Mo.

20. FILE 7-2 134 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26th 1934
 22. I HEREBY CERTIFY That I attended deceased from Dec 14th 1933 to February 25th 1934
 I last saw her alive on February 25th 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation
Chronic Catarrhal Colingitis
 Date of onset ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physi 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) J. S. McDonald _____, M. D.
 (Address) Urish Mo.

