JUL 6 1928

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

Do not use this space.
16884

1. PLACE OF DEATH
County Henry
Township ~~[illegible]~~
City Clinton (No. ... St. ... Ward)

Registration District No. 347
Primary Registration District No. 3018
File No.
Registered No. 67

2. FULL NAME Juanita Bell Colvin

(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	MEDICAL CERTIFICATE OF DEATH
3. SEX: F — 4. COLOR OR RACE: W — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single	16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1928
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓	17. I HEREBY CERTIFY, That I attended deceased from May 5 1928, to May 16 1928, that I last saw her alive on May 16 1928, and that death occurred, on the date stated above, at 5:30 P. m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 9, 1925	THE CAUSE OF DEATH* WAS AS FOLLOWS: Severe Burns (Pausey.) Dermatitis)
7. AGE: Years 3, Months 2, Days 7. If LESS than 1 day, ... hrs. or ... min.	181 / 186 (15) / 153B (duration) ... yrs. ... mos. 11 ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work ... (b) General nature of industry, business, or establishment in which employed (or employer) ... (c) Name of employer ...	CONTRIBUTORY (SECONDARY) Dermatitis (duration) ... yrs. ... mos. ... ds.
9. BIRTHPLACE (CITY OR TOWN) Garland (STATE OR COUNTRY) Mo	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
PARENTS 10. NAME OF FATHER George Daniel Colvin	DID AN OPERATION PRECEDE DEATH? No DATE OF —
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Mo	WAS THERE AN AUTOPSY? No
12. MAIDEN NAME OF MOTHER Esther Irene Parks	WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Samuel A. Poague M.D. , 19 (Address) Clinton Mo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Clinton 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.
14. INFORMANT Geo Colvin (Address) Clinton Mo.	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Englewood — DATE OF BURIAL: 5-17 1928
15. FILED May 21, 1928 Dr. E. C. Peelor REGISTRAR per J.J.	20. UNDERTAKER: Sims-Wilkinson — ADDRESS: Clinton

PHYSICIANS should state CAUSE OF DEATH ... Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. ... information should be carefully supplied. ... plain terms, so that it may be properly classified.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

IS SHALL RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County Henry Registration District No. 347 File No.

Township Primary Registration District No. 3018 Registered No. 67

City Clinton (No. St. Ward)

2. FULL NAME Juanita Bell Calvin

(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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE Years Months Days If LESS than 1 day, ...hrs. or ......min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED May 21, 1928 Dr. E. C. Peelo REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ......, 19...... to ......, 19......, that I last saw h...... alive on ......, 19......, and that death occurred, on the date stated above, at ......m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Severe Burn - Causing dermatitis (accidental) fell backward in a kettle of boiling water (duration) ......yrs. ......mos. ......ds.

CONTRIBUTORY (SECONDARY) Dermatitis (duration) ......yrs. ......mos. ......ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) ......, M. D

, 19 (Address)

*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 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

S-16884