

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

Do not use this space.

2741

1. PLACE OF DEATH

County Madaway
Tewaship P. P.
City Maryville

Registration District No. 625
Primary Registration District No. 3031

File No.
Registered No. 12
St. Ward)

2. FULL NAME

James F. Colby
(a) Residence No. 35 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 | 6 | 7 | 2 hrs. 0 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Banker
(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) Iowa

10. NAME OF FATHER James F. Colby

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

12. MAIDEN NAME OF MOTHER Margery Bloss

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

14. INFORMANT Katherine Curfina
(Address) Maryville Mo

15. FILED Jan 22 1929 W. P. Fryer
E. O. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 16 to Jan 4 1929
that I last saw him alive on Jan 4 1929, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Laevomotor ataxia
80

97 (duration) 7 1/2 yrs. mos. da.
CONTRIBUTORY Arteriosclerosis
(SECONDARY)

(duration) 2 yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas. T. Bell M. D.
, 19 (Address) Maryville 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 Miriam Cemetery DATE OF BURIAL Jan 22 1929

20. UNDERTAKER Price Furb ADDRESS Maryville Mo

N. B.—Every item of information should be carefully supplied. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

131
2
2
2

