

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

Do not use this space.

29501

1. PLACE OF DEATH

County.....

Registration District No. 701

File No.

Township.....

Primary Registration District No. 003

Registered No. 8681

City St. Louis (No. 1220 Temple Place St. Ward)

2. FULL NAME

(a) Residence. No. St. 5 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 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 Catharine Colvin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 10 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Night Watchman
(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) Ireland

10. NAME OF FATHER Andrew Colvin

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

12. MAIDEN NAME OF MOTHER Nancy Kerr

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

14. INFORMANT Miss Thomas Kelly
(Address) 1220 Temple Place

15. FILED..... 19..... Mat C. Barber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-18, 1929, to 8-25, 1929, that I last saw him alive on 8-20, 1929, and that death occurred, on the date stated above, at 345 Wm. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Critical insufficiency
Myocarditis chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Williams, M. D.

724, 19 (Address) Debate House 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 DATE OF BURIAL

Calvary Cemetery 8/26 1929

20. UNDERTAKER ADDRESS

Arthur J. Donnelly 2039 Wash St.

9-10 class

9250

2-4 (m)

1