AUG 20 1930

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

Do not use this space.

21952

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 777
Township Washington — Primary Registration District No. 1001 — Registered No. 777
City St Joseph (No. Noyes Baptist Hospital St. ..... Ward)

2. FULL NAME Ella Colby
(a) Residence. No. 4902 Lake Ave 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	0	1	

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

PARENTS
10. NAME OF FATHER George Yocum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Margaret Kitchen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Jennie Garrison
(Address) 4902 Lake Ave

15. FILED JUL 7 1930 John T. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1930, to July 6, 1930 that I last saw her alive on ....., 19..., and that death occurred, on the date stated above, at 4:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis chronic, Hypertension, coronary Occlusion.
930 (duration) unknown yrs. mos. ds.
CONTRIBUTORY (SECONDARY) unknown
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Same
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Exam. & Tab.
(Signed) E. M. Shores, M. D.
7-7, 1930 (Address) St. Joseph. 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: Ashland Cemetery — DATE OF BURIAL: July 8, 1930

20. UNDERTAKER: E. R. Tidenfaden — ADDRESS: 602 So 10

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.