

REC'D JUN 20 1938

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

Do not use this space.

18695

## 1. PLACE OF DEATH

County Lawrence Registration District No. 467  
 Township Clayton Primary Registration District No. 4280  
 City Lawrence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 33

## 2. FULL NAME

Rashiel A. Colton  
 (s) Residence, No. South Henderson 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Levi Colton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 3 1858</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>3</u>	<u>28</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind13. NAME William H. Sanders14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind15. MAIDEN NAME Susan M. Sanders16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind17. INFORMANT W. E. Colton  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL  
PLACE Maple Park DATE May 28 193819. UNDERTAKER Curran Funeral Home  
(ADDRESS) 729 W Church, Lawrence Mo20. FILED 528 1938 R. D. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28, 193822. I HEREBY CERTIFY, That I attended deceased from 5/10, 1938 to 5/28, 1938

I last saw her alive on 5/23, 1938. Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma ?  
of the hand 1  
52  
 Other contributory causes of importance:  
metastases lungs 1  
etc 1  
also uremia 1  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chm Was there an autopsy? Yes

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? Yes

If so, specify \_\_\_\_\_

(Signed) R. D. Brown, M. D.(Address) Lawrence Mo

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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.

