

REC'D FEB 24 1939

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

2795

Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
 (b) Township _____ Primary Registration District No. 4267 Registered No. _____
 (c) City Lebanon (d) Street Louis W. Walker Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

415 Charles Colvin
 (a) Residence, No. Crocker - mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Janice Colvin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1908
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 11 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Sberia mo
 FATHER 13. NAME James Colvin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaiser mo
 MOTHER 15. MAIDEN NAME Maggie Finndorf
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California mo
 17. INFORMANT Lonnie Colvin (Bro)
 (ADDRESS) Crocker - mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE 3rd Union Cemetery - mo
1-6-39
 19. FUNERAL DIRECTOR Noops & Son
 (ADDRESS) Crocker, mo
 20. FILED 1-6-39 J.A.M. Covert
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 5 - 1939
 22. I HEREBY CERTIFY, that I attended deceased from Dec 30, 1938, to Jan 5th, 1939
 I last saw him alive on Jan 5th, 1939. Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
unresorbed - right chest
with emphysema
 Date of onset _____
 Other contributory causes of importance:
Emphysema right chest
 Name of operation throats Date of Dec 31, 38
 What test confirmed diagnosis physical Was there an autopsy? _____
 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? no
 If so, specify _____
 (Signed) Samuelson M. D.
 (Address) Lebanon - mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-297
Date Filed 2-16-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)