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.

REC'D MAR 16 1939

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

Do not use this space.

File No. 6326

Registered No. 31

1. PLACE OF DEATH

27 County Cooper

Township

2 City Boonville (No. Van Horenburg Clinic St. Ward)

2 4/5

Registration District No. 218

Primary Registration District No. 3015

2. FULL NAME ~~Mrs. G. C. Colvin~~ Mrs. Georgia Rilla Colvin

(a) Residence, No. R.R. Franklin 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) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cooper Colvin,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/3rd 1869

7. AGE Years 69 Months 9 Days 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Missouri,

FATHER

13. NAME George Crigler, 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

MOTHER

15. MAIDEN NAME Sarah Cropp. 0

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Cooper Colvin, Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland, Ce M. DATE 2/27th 1939

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette Mo

20. FILED 2-28 1939 D. S. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1939 to 2-25 1939 I last saw her alive on 2-25 1939 Death is said to have occurred on the date stated above, at 1 P. M.

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

	Date of onset
Chronic Nephritis	
121	

Other contributory causes of importance:

Uremia	2-15-39
Pulmonary edema	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Aubrey R. Wells, M. D.

197 (Address) Boonville, Mo.

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 3/6/39