N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import

REC'D MAY 22 1939

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

15874
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph
(b) Township or City Huntsville
Registration District No. 733
Primary Registration District No. 4438
Registered No.
(d) Street No. 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 OBIE. HOP. COLLEY
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Colley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter & Paper
9. Industry or business in which work was done, as saw mill, bank, etc. Hanger
10. Date deceased last worked at this occupation (month and year) ... Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co.

FATHER
13. NAME David Colley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Augusta Dameron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

17. INFORMANT Mrs Emma Colley
(ADDRESS) Huntsville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Huntsville DATE April 21, 1939

19. FUNERAL DIRECTOR (NAME) Tom B Patton
(ADDRESS) Huntsville Mo

20. FILED ....., 19.....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1939, to April 19, 1939
I last saw h... alive on April 19, 1939. Death is said to have occurred on the date stated above, at 8 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/19/39
Angina Pectoris	4/16/39

Other contributory causes of importance:
Hypertension — D.K.

Name of operation none Date of
What test confirmed diagnosis? Exam. 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) Philip W Dreyer, M. D.
(Address) Huntsville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-909
Date Filed MAY 3 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

15-874
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph Registration District No. 733
(b) Township Primary Registration District No. 4438 Registered No.
(c) City Huntsville (d) Street No. 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 Olie Hop Colley
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Colley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1876

7. AGE: Years 62 | Months 6 | Days 0 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter and
9. Industry or business in which work was done, as saw mill, bank, etc. Paper Hangers
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 COUNTY) Randolph Co Mo

FATHER
13. NAME David Colley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Kentucky

MOTHER
15. MAIDEN NAME Agusta Donelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Randolph Co

17. INFORMANT Mrs Emma Colley (ADDRESS) Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE Apr 21 39

19. FUNERAL DIRECTOR Tom Colton (ADDRESS) Huntsville Mo

20. FILED May 1, 1939 Will S. A. Barnhart Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 39, to Apr 19, 39. I last saw him alive on Apr 19, 1939. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Angina Pectoris	

Other contributory causes of importance:
Hypertension

Name of operation None Date of
What test confirmed diagnosis? Exam 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?
If so, specify
(Signed) Philip V. Dreyer, M. D.
(Address) Huntsville Mo

DUPLICATE

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.