

DEC 22 1939

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

39721
Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 329
 (b) Township Wilson Primary Registration District No. 3453
 (c) City Laredo (d) Street No. _____
 (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

MARY J COLWELL
 (a) Residence, No. 220 Campbell St. St. Pleasant Hill, Mo.
 (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 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 Agel Colwell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1862
 7. AGE YEARS 77 MONTHS 6 DAYS 19 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Own home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. Lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co Mo.

FATHER 13. NAME Caleb Goble

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER 15. MAIDEN NAME Mandy Scott

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

17. INFORMANT (ADDRESS) L. R. Carpenter Laredo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Evans Cem DATE Nov 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Robertson Laredo Mo.

20. FILED Nov. 29, 1939 Mrs. Mabel Warren Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1939, to 11-23 1939

I last saw her alive on 11-20 1939 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Hypertension
accompanied by
cerebral thrombosis
on Nov 13-39

Date of onset

Other contributory causes of importance: 32.4

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) L. J. G. G. G. M. D.

(Address) Laredo, Mo.

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.

STATE OF MARYLAND
COMMISSIONERS OF GENERAL LANDS AND SURVEYS
DIVISION OF RECORDS

FILED TO THE STATE OFFICE

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 12/24/99

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

E. J. Robertson

Licensed Embalmer No. 2465

P. O. Address

Farewell, Md.

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.