FILED FEB 15 1940

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

1668
Do not use this space.

1. PLACE OF DEATH
(a) County Boone 3 0 Registration District No. 74
(b) Township Rocky Fork, Primary Registration District No. 5113 Registered No. 1
or
(c) City ((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 Jimmie Dale Colvin.
(a) Residence, No. Boone Co. Mo. 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December, 9 1939.
7. AGE YEARS 0 MONTHS 0 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant.
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) Boone County Missouri 0 0

FATHER
13. NAME James Colvin.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Missouri. 0

MOTHER
15. MAIDEN NAME Cleo Rodgers.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Missouri.

17. INFORMANT (ADDRESS) James Colvin. Hallsville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View DATE 1-5- 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parkers, Columbia, Mo.
20. FILED 1-5- 1940 Mrs. F. L. Fawcett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4- 1940
22. I HEREBY CERTIFY, That I attended deceased ~~from~~ ..... 19..., to ..... 19...
I last saw him alive on Dec. 9- 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Do not know. Baby died on the way to town; but was very much undernourished
Date of onset
158 ✓
Other contributory causes of importance:
Weighed 8½ lbs at birth.
Weighed 5½ " this morning
Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? May be Date of injury ..... 19...
Where did injury occur? baby smothered on (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
way to town; But it had
Manner of injury several convulsions
Nature of injury last night
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. P. Dysart, M. D.
75 (Address) Columbia, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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