[redacted] NOV 16 [redacted]

FILED NOV 20 1940

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

34995
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau — Registration District No. 125
(b) Township — Primary Registration District No. 3009 — Registered No. 360
or
(c) City — (d) Street No. St Francis 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 William Colyer
(a) Residence, No. McClure, Ill 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): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st - 1866
7. AGE: YEARS 74 | MONTHS 9 | DAYS 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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) Tennessee 1

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — — 9

MOTHER
15. MAIDEN NAME — —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — —

17. INFORMANT (ADDRESS) Al. Cook McClure Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kindsey Cemetery McClure Ill DATE Oct 31 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bruttapf-Howell Cape Girardeau Mo

20. FILED 10-29 1940 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1940, to 10-29, 1940
I last saw him alive on 10-29, 1940 Death is said to have occurred on the date stated above, at 6 15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of Brain	
Fracture of left femur	
~~Internal [illegible]~~	

Other contributory causes of importance: Advanced age

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 10-26, 1940
Where did injury occur? Highway #3 McClure Ill (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Was hit by auto while [illegible]
Nature of injury Fracture of left femur, Concussion of Brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-9-19-38 I X16605

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.....

Licensed Embalmer No.....

P. O. Address.....

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.