

SEP 26 1927

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

Do not use this space.

23648

1. PLACE OF DEATH

County Buchanan  
Township.....  
City St. Joseph,

Registration District No. 85  
Primary Registration District No. 1001  
(No. Missouri Methodist Hosp.)

File No.....  
Registered No. 806  
St. .... Ward)

2. FULL NAME Joseph A. Mollison

(e) Residence. No. 1502 Buchanan Ave. St., ..... Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Iva Mollison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
70 5 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Physician  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 4 yrs.  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)

10. NAME OF FATHER David Mollison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Iva Mollison  
1502 Buchanan Ave.

15. FILED 15 1927 John G. ... REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 12, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Aug. 7 1927, to Aug. 12 1927 that I last saw him alive on Aug. 12 1927 and that death occurred, on the date stated above, at 4:55 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of the Head of the Pancreas. Cholelithiasis.  
46F  
126 (duration) days some mos. ds.  
CONTRIBUTORY (SECONDARY) Pancreatic fistula  
Chronic duodenal obstruction  
(duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 46F  
NOT AT PLACE OF DEATH.  
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug. 3, 1927  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation  
and microscopic diagnosis from section of tissue  
8/13/27 (Address) 731 Faraon & 1/2 J. ...  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cemetery DATE OF BURIAL Aug. 15, 1927

20. UNDERTAKER Walter Meierhoff ADDRESS 1302 Faraon St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be carefully supplied.

