OCT 24 1927

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

Do not use this space.

26385

1. PLACE OF DEATH

County: Andrew — Registration District No.: 10 — File No.:

Township: — Primary Registration District No.: 4067 — Registered No.: 8

City: Cosby, (No. ..., ... St. ... Ward)

2. FULL NAME: John McColgin

(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Divorced

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr, 26, 1867

7. AGE: Years 60 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN):
(STATE OR COUNTRY): Buchanan Co, Mo.

PARENTS

10. NAME OF FATHER: Daniel McColgin

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

12. MAIDEN NAME OF MOTHER: Mary J. Smith

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

14. INFORMANT: Mrs. Mary J. McColgin
(Address): Cosby, Mo.

15. FILED Sept 7, 1927 C. L. Allen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept, 8, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to Sept 7, 1927, that I last saw him living alive on Sept 7, 1927, and that death occurred, on the date stated above, at 8.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
151
about 3 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas L. Allen, M. D
Sept 7, 1927 (Address) Cosby Mo

*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: Concord Cemetery — DATE OF BURIAL: Sept, 10, 1927

20. UNDERTAKER: Walter Meinhoff — ADDRESS: St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.