

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

Do not use this space.

OCT 24 1927

26484

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 182
 City St. Joseph (Name) Therapy Hosp. Hospital St. _____ Ward _____

2. FULL NAME

Maude Fletcher McColgin
 (a) Residence. No. 1606 Dewey St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. W. McColgin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30 - 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (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) Leander

PARENTS

10. NAME OF FATHER Thos. G. Fletcher

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

12. MAIDEN NAME OF MOTHER Brown

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

14. INFORMANT Edith McColgin

Address: 1606 Dewey Ave

15. FILED John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1st - 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1927, to Sept 1, 1927, that I last saw alive on Aug 30, 1927, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis depending
coler - H.C.
unknown (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS THE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

1 DID AN OPERATION PRECEDE DEATH: yes DATE OF 9/24/1927

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: Phys. and Ind. Exp.

(Signed) F. P. Walker, D.O.

9/27, 1927 (Address) Mem. Hospital

*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

Ashland Cem.

DATE OF BURIAL

9/3 1927

20. UNDERTAKER

J. L. Dungey

ADDRESS

216 So 10th

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.

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