

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

Do not use this space.

9405

**1. PLACE OF DEATH**

County Jasper  
Township Waverly  
City Joplin (No.         )

Registration District No. 411  
Primary Registration District No. 2002

File No.           
Registered No. 162 (Ward         )

**2. FULL NAME**

(a) Residence. No. 610 1/2 Poplar St. Ward.           
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. 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)         

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 22 | 6 | 5 |         

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) M/O  
(STATE OR COUNTRY)

10. NAME OF FATHER George Kollerborn

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

12. MAIDEN NAME OF MOTHER Perry

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

14. INFORMANT Patty Kollerborn  
(Address)         

15. FILED 3/29 1928 Dr. Binson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1928

17. I HEREBY CERTIFY, That I attended deceased from March 24 1928 to March 25 1928 (that I last saw          alive on March 25 1928, and that death occurred, on the date stated above, at Joplin, Mo.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

108  
hepat. Pneumonia  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 101a  
(duration) yrs. mos. da.

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) W. N. Brookshire, M. D.  
, 19          (Address) Joplin, 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 W. H. Hope DATE OF BURIAL 3/29 1928

20. UNDERTAKER Underscribed by Joplin  
ADDRESS         

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.

