

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

Do not use this space.

37116

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 399
Primary Registration District No. 1003
(No. Old City Hospital)

File No. _____
Registered No. 4765
St. _____ Ward _____

2. FULL NAME

Colie, Maggie
(a) Residence No. 611 Charlotte St., 1 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. da. / How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>8</u>	<u>6</u>	<u>10</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife at
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer _____

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

10. NAME OF FATHER Daniel Lewis

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jim Colie
(Address) 611 Charlotte

15. FILED 11/27, 28 M. M. Connor
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 1928
17. ✓

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928, to November 24, 1928, that I last saw her alive on November 24, 1928, and that death occurred, on the date stated above, at 1:50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
101a
(duration) _____ yrs. mos. 2 da.
CONTRIBUTORY Chronic Myocarditis
(SECONDARY) (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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical - Lab Autopsy
(Signed) H. M. Smith, M. D.
11/25, 1928 (Address) Old City 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 Blue Ridge Lawn Cem DATE OF BURIAL Nov 27 - 1928

20. UNDERTAKER West, Appleton Jones ADDRESS 1600 E. 19th

K. E.—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.

THIS IS AN INCOMPLETE RECORD

