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

Do not use this space.
1632
B/N.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township K.C. — Primary Registration District No. 1002
City K.C. Mo. (No. 813 Peery St. Ward)
File No.
Registered No. 6023

2. FULL NAME Samuel J. McColloch
(a) Residence. No. 813 Peery St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Nellie B McColloch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No Record 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
	72			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer 181
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Canton
(STATE OR COUNTRY) Ga

PARENTS
10. NAME OF FATHER Henry McColloch
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Geo

14. INFORMANT Hunt C. Moore
(Address) 906 Continental Bldg

15. FILED 1-16-1929 M. M. Cook Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1929

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental 3rd degree Burns - (over head face & upper part of body)
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hemorrhage (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 23
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Kidney & Inspection
(Signed) Stanley McHale, M.D
1/14/1929 (Address) Deputy Coroner

*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	DATE OF BURIAL
Mt Washington	Jan 16 1929
20. UNDERTAKER	ADDRESS
Mrs. L. L. Foust	K.C. Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

206 19 8 31