

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

Do not use this space.

33042

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph,

85
Registration District No. _____
Primary Registration District No. 1001
(No. Missouri Methodist Hospital St. _____ Ward)

File No. _____
Registered No. 1198
St. _____ Ward)

2. FULL NAME

Adelaide Belle Colhoun,
(a) Residence. No. St. Francis Hotel, N. E. Cor. 6th. & Francis Sts. Ward.

Length of residence in city or town where death occurred 76 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER John C. Colhoun,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chambersburg,
(STATE OR COUNTRY) Pennsylvania,
12. MAIDEN NAME OF MOTHER Marietta Harris,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Virginia,

14. INFORMANT Louis's mother
(Address) 517 Francis Street.

15. FILED 13 1929 John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16th. 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1929, to Oct 16, 1929, that I last saw h. in alive on October 16, 1929, and that death occurred, on the date stated above, at 11:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obstruction of small Intestine from adhesions following hysterectomy about 15 years ago
1223
1290 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Postoperative chronic adhesives peritonitis (duration) many yrs. duration ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF Sept 29/1929

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James Hunter, M. D.

, 19 29 (Address) 301 North 4th Ave

*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 Mount Mora Cemetery. DATE OF BURIAL Oct. 18 1929

20. UNDERTAKER Hester-Belloc & Bowman ADDRESS 319 S. 10 St.
Funeral Home

WRITE PLAINLY, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

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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2

13 1929

