

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

Do not use this space.

26342

1. PLACE OF DEATH **VETERANS' ADMINISTRATION HOSPITAL,**
County **JACKSON** Registration District No. **399**
Township **Kanad** Primary Registration District No. **1002**
City **KANSAS CITY** (No. **U.S. Veterans Hospital**) St. _____ Ward _____

File No. _____
Registered No. **3250**

2. FULL NAME **COLSON, August** C-1,440,182 WOE
(a) Residence, No. **Sweet Springs, Missouri** St. _____ Ward **Pvt. Co. D. 110th Engra.**
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF WIDOWED Mrs. Minnie Colson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1894		
7. AGE	YEARS	MONTHS
	37	9
		DAYS
		11
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
FATHER	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
	15. MAIDEN NAME Unknown	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
	17. INFORMANT HOSPITAL RECORDS, Vet. Adm. Hosp., (ADDRESS) Kansas City, Missouri.	
18. BURIAL, CREMATION, OR REMOVAL PLACE Higginville, Mo DATE 8-25-32		
19. UNDERTAKER Freeman Mortuary (ADDRESS) Kansas City, Mo.		
20. FILED Aug 25, 1932 M. M. Brown Regist.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 25, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **August 20, 1932, to August 25, 1932,**
I last saw him alive on **August 25, 1932.** Death is said to have occurred on the date stated above, at **12:01 A.M.**
The principal cause of death and related causes of importance were as follows:

Atrophy of Liver, acute, yellow Date of onset **Unknown.**

1259
10/25/32

Other contributory causes of importance:

Lobular Pneumonia **(1)** **Unknown.**

Name of operation **None.** Date of _____

What test confirmed diagnosis? **Phy. exam. & Autopsy** Was there an autopsy? **Yes.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **NO.**
If so, specify _____

(Signed) **W. E. Chambers**, M. D.
W. E. CHAMBERS, Medical Officer in Charge
VET. ADMINISTRATION HOSP., Kansas City, 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.

OCT 31 1996