MAR 16 1937

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

Do not use this space.

File No. 5046
Registered No. 130

1. PLACE OF DEATH
County: BUCHANAN
Township: ~~WASHINGTON~~
City: ST. JOSEPH, (No. ST. JOSEPH HOSPITAL St. Ward)

Registration District No. 85.
Primary Registration District No. 1001

2. FULL NAME EDITH COLLOFF, 922 NORTH NINTH
(a) Residence, No. 922 NORTH NINTH St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 12, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	29	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CLERK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. IN FATHER'S GROCERY
10. Date deceased last worked at this occupation (month and year) UNKNOWN
11. Total time (years) spent in this occupation UNKNOWN

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MISSOURI

FATHER
13. NAME JACOB COLLOFF
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

MOTHER
15. MAIDEN NAME ZOTA KA ZLINER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

17. INFORMANT JACOB COLLOFF
(ADDRESS) 922 N. 9th St Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SHAARE SHOLEM, CEM. DATE FEB. 3, 1937, 19

19. UNDERTAKER FLEEMAN & SON INC.
(ADDRESS) ST. JOSEPH, MISSOURI.

20. FILED Feb 3, 1937 H J Kettlebuck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1937, to Feb. 2, 1937
I last saw h. ER alive on Feb 2, 1937. Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer —	1/24/37
Other contributory causes of importance: Bronchial Pneumonia	2/1/37

Name of operation Suture of Ulcer Date of 1/24/37
What test confirmed diagnosis? Opt. Was there an autopsy? No

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) H. L. Thompson Jr, M. D.
(Address) St. J. - Church St. Jo. 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.