OCT 24 1927

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

Do not use this space.

26550

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph Mo (No. 216 West Poulin St St. Ward)

File No.
Registered No. 952

2. FULL NAME Virginia Mae Golledge
(a) Residence. No. 216 West Poulin St., Ward.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15 1927

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
0	0	0	8 hrs.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Joseph Mo
(STATE OR COUNTY) Missouri

PARENTS
10. NAME OF FATHER Lewis Golledge
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Joseph
(STATE OR COUNTY) Missouri
12. MAIDEN NAME OF MOTHER Cora Pine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Joseph
(STATE OR COUNTY) Missouri

14. INFORMANT Lewis Golledge
(Address) 216 W Poulin St

15. FILED SEP 16 1927 19 John G. Jeffrey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15, 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw her alive on ....., 19....., and that death occurred, on the date stated above, at 12 Noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature
15 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 16 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lyda Freeman, M. D.
9/16, 1927 (Address) St Joseph Mo.

*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: Ashland Cemetery — DATE OF BURIAL: Sept 17 1927
20. UNDERTAKER: E. R. Sidenfaden — ADDRESS: 602 So 10th St

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.

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