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

Do not use this space.

9190

File No.

Registered No. 32

1. PLACE OF DEATH

County Clay — Registration District No. 198

Township Fishing River — Primary Registration District No. 3011

City Excelsior Springs (No. U. S. Veterans Hospital St. 3rd Ward)

2. FULL NAME Colin E. Cline

(a) Residence. No. U. S. Veterans Hospital St., Ward. LaCygne, Kansas
(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 17 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)
Male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 28 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
35	5	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) tile ditch digger

(c) Name of employer unknown

9. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edw. M. Cline

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eva Kirkendall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa (STATE OR COUNTRY)

14. INFORMANT Hospital records

(Address) U.S.V.H. Excelsior Springs Mo

15. FILED 3/26 1931 G. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 9, 1931, 19..., to March 26, 1931, 19..., that I last saw him alive on March 26, 1931, 19..., and that death occurred, on the date stated above, at 8:35 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hydronephrosis right

unknown (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Laparotomy

(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED unknown

IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-16-31

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? examination & observation

(Signed) Garrett V. Johnson M. D.

3/26, 1931 (Address) U.S.V.H. Excelsior Springs 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	DATE OF BURIAL
LaCygne Kansas	3-27-31 19

20. UNDERTAKER	ADDRESS
Herbert Hope	Excelsior Springs, 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.

APR 21 1931