

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.

SEP 22 1931

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Requiri
City Lees Summit (No. _____) St. _____ Ward _____

Registration District No. H 60Primary Registration District No. H 125

File No. 28549
Registered No. 162

2. FULL NAME James Paul Coleburd(a) Residence, No. _____ St. 1 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Coleburd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-16-1853</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>3</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
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) <u>Christ Church, England</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Robert E. Coleburd, 100 E. 70 St. Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Lees Summit</u> DATE <u>Aug-29-31</u>		
19. UNDERTAKER (ADDRESS) <u>Field & James, Lees Summit, Mo.</u>		
20. <u>Aug 28 1931</u> <u>James</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-27-1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1931, to August 27, 1931
I last saw him alive on Aug 27, 1931. Death is said to have occurred on the date stated above, at 1:30 Am.
The principal cause of death and related causes of importance were as follows:
uraemia
Date of onset Aug 25

Other contributory causes of importance:
71A 171W
137B

Name of operation None Date of _____
What test confirmed diagnosis? Thyroid 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) Robert E. Coleburd, M. D.
(Address) 803 - Lees Summit Mo.

