REC'D JUN 14 1938

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

3

Do not use this space.

1. PLACE OF DEATH
County Buchanan 1 Registration District No. 85
Township Primary Registration District No. 1001
City St Joseph (No. State Hospital No.2. St. Ward)

File No. 17764
Registered No. 540

2. FULL NAME Edward Colburn 41 b
(a) Residence, No. St Joseph St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 5 mos. 22 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) Seperated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec.18.1906.

7. AGE YEARS 31 MONTHS 5. DAYS 1 ~~XXXXX~~ If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) St. Joseph, Missouri 0

FATHER
13. NAME Wm Colburn 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

MOTHER
15. MAIDEN NAME Emma Brust
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hospital Records St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park
PLACE St. Joseph, Mo. DATE May.21. 1938

19. UNDERTAKER (ADDRESS) H.O. Sidenfaden & Son 1902 Union Str St. Joseph,

20. FILED 5/20 1938 H.J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 27. 1934 to May 19. 1938
I last saw him alive on May 19 1938 Death is said to have occurred on the date stated above, at 3:10 P m.
The principal cause of death and related causes of importance were as follows:

General Paralysis of Insane

Date of onset

Other contributory causes of importance: 82

Name of operation Date of
What test confirmed diagnosis? Clinical & Laboratory 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) J. R. Bunch, M. D.
(Address) State Hospital #2

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.