

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.

NOV 14 1934

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

Do not use this space.

35589

1. PLACE OF DEATH

County Cooper  
Township Boonville  
City Boonville (No. \_\_\_\_\_)

Registration District No. 218  
Primary Registration District No. 3015

File No. # 149  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs Bettie Collins

(a) Residence, No. \_\_\_\_\_ 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Saline County Mo

13. NAME Stepie Spears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Luce Spears

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Mo

17. INFORMANT Melford Collins  
(ADDRESS) Boonville Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Figueroa Creek DATE Oct 22

19. UNDERTAKER Boonville & Ballou  
(ADDRESS) Boonville Mo

20. FILED Oct 21 1934 D. M. Woodward  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1934 to Oct 20 1934

I last saw him alive on Oct 20 1934 Death is said to have occurred on the date stated above, at 3:25 P.

The principal cause of death and related causes of importance were as follows:

myocarditis Date of onset 1933

Other contributory causes of importance: arteriosclerosis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Exam 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 TC Beckett (Signed) \_\_\_\_\_, M. D.

(Address) Boonville, Mo

