

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

Do not use this space.

16861

1. PLACE OF DEATH

County Linn
Township.....
City Trenton (No.)

Registration District No. 330
Primary Registration District No. 3017

File No.
Registered No.
St. Ward)

2. FULL NAME Samatha Lee Collier

(a) Residence. No. West Town St., Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Louis Wm Collier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-5-1840

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	87	6	22	=

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

10. NAME OF FATHER Louis R. Leedy

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

12. MAIDEN NAME OF MOTHER Hannah Myers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Mabel Collier
(Address) Trenton Mo.

15. FILE NO. June 28 1928 E. A. Klueff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-28 1928

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1928, to May 28, 1928, that I last saw h. a. alive on May 28, 1928, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93 C.
Arterio- yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93 B yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. Kuller M. D.
6-1-, 1928 (Address) 207 E 10th Ch. - Trenton / 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 Odd Fellows DATE OF BURIAL May 31 1928

20. UNDERTAKER Gipson Funeral Co ADDRESS Trenton 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.

