

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

✓ Do not use this space.

25686

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (No. 2616 Glasgow)

File No. 25686  
 Registered No. 7503  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Collins  
 (a) Residence No. 2616 Glasgow St. 20 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20 - 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 | 5 | 29

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) Howard Co.  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Collins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Howard Co.  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lucinda Shepard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard Co.  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Miss Raddie Collins  
 (Address) 2616 Glasgow

15. FILED JUL 20 1928 W. C. Gordon REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 3 1928 to July 19 1928 that I last saw her alive on July 17 1928 and that death occurred, on the date stated above, at Seven m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Endocarditis Chronica  
90W (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY General debility (SECONDARY) (duration) 6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) C. C. Conner M. D.

\*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.  
July 20 1928 (Address) 13164 n Inwood

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Scott, Kansas DATE OF BURIAL July 22 1928

20. UNDERTAKER W. C. Gordon ADDRESS 2644 Morgan

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.

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