

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

Do not use this space.

2280

1. PLACE OF DEATH

County Lawrence
 Township Clark
 City..... (No.....)..... St..... Ward.....

Registration District No. 474
 Primary Registration District No. 3038

File No.....
 Registered No.....

2. FULL NAME

Ethel Irene Collins

(a) Residence. No..... St..... Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.
 (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3rd 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 3 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Green C. mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Tom Collins

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

12. MAIDEN NAME OF MOTHER Ella Stines

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Del. Co. Missouri
 (STATE OR COUNTRY)

14. INFORMANT William Earl Collins
 (Address) Halltown mo

15. FILED..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1929 to Jan 27 1929 that I last saw her... alive on Jan 24 1929, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) 23 1/2 att 2 yrs. mos. da.
 (duration) yrs. mos. da.

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) Dr. C. M. Barr, M. D.

1-28, 1929 (Address) Halltown 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 Johna Chapel DATE OF BURIAL 1-28-1929

20. UNDERTAKER J.W. Morris & Luman ADDRESS W. Miller 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.
 22 1929
 55
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2 - Every item of information should be carefully checked. A 2 should be marked from
the FBI Director

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State

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence
Township Agark
City Lawrence (No., St. Ward)

Registration District No. 474
Primary Registration District No. 5638

File No.
Registered No. 4

2. FULL NAME

Ethel Irene 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hra. or min.
20 3 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co Mo.

10. NAME OF FATHER Pom Collins

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

12. MAIDEN NAME OF MOTHER Edith Collins

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

14. INFORMANT Welburn Fred Collins
(Address) Halt town Ind.

FILED 3-14-27 Mrs Eliza Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JAN 27 1929

I HEREBY CERTIFY That I attended deceased from Nov 24 1928 to Jan 27 1929 that I last saw h. alive Nov 24 1928 and that death occurred, on the date stated above, at 6 p m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 2 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) Dr C. M. Barr, M. D.

1/28 1929 (Address) Halt town

*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 Johns Chapel DATE OF BURIAL 1-28 1929

20. UNDERTAKER J. W. Morris & Leiman ADDRESS Miller Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

N. B. - 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.

SUPPLEMENTARY RECORD

S-2280