113 3 2 23 2 5 5

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Do not use this space.

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

FEB 25 1929

5276

1. PLACE OF DEATH

County Worth Registration District No. 903 File No.

Township West Fletchall Primary Registration District No. 4545 Registered No. 1

City Grant City (No. St. Ward)

2. FULL NAME Alice Matilda Collins

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 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) Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles M Collins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14, 1849

7. AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
79	3	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lee Co.
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Merit Golding

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Sarah Purdy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Canada

14. INFORMANT Leroy E Collins
(Address)

15. FILED 1-3, 1929 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-1- 1929

17. I HEREBY CERTIFY, That I attended deceased from .... 19...., to .... 19....,

that I last saw h.... alive on .... 19...., and that death occurred, on the date stated above, at about 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 186A

Accidental fall 184B
down stairway
Skull was fractured
Base of Skull
At Home
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 185

(duration) ... yrs. ... mos. ... ds.

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

8

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? 1

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O P M Mills, M. D.

1-3, 1929 (Address) Coroner

*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 City Cemetery

DATE OF BURIAL 1 3 1929

20. UNDERTAKER Arch C. Dunfee

ADDRESS Grant City, Mo.