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

Do not use this space.

5620

AUG 21 1929

1. PLACE OF DEATH
County: Butler — Registration District No.: 84 — File No.:
Township: Poplar Bluff — Primary Registration District No.: 3007 — Registered No.: 24
City: (No. ... St. ... Ward)

2. FULL NAME: Essie Slayden Collins
(a) Residence. No. 821 Maple St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 24, 1900

7. AGE: Years 28 — Months 9 — Days 11 — If LESS than 1 day, ... hrs. or ... min.

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): Wayverly. (STATE OR COUNTRY): Tenn.

PARENTS
10. NAME OF FATHER: Rev. Barnhill
11. BIRTHPLACE OF FATHER (CITY OR TOWN): (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER:
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Sarah Welch (STATE OR COUNTRY): Dont Know

14. INFORMANT: Leslie Collins (Address) 821 Maple St.

15. FILED 2/6, 1929 Dr B J Cline REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Feb 5, 1929, that I last saw her alive on Feb 3, 1929, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23 P.

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY)

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(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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Alfred R Rowe, M. D
Feb 6, 1929 (Address) Poplar Bluff 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: Woodlawn Cemetery — DATE OF BURIAL: Feb 6 1929

20. UNDERTAKER: A W Greer Poplar — ADDRESS: Bluff, 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.

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