

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

Do not use this space.

6450

1. PLACE OF DEATH  
 County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Ray Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City Kansas City (No. 1006 Grand Ave. Elevator shaft 3rd Bldg. St. St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Edward Alva Collier  
 (a) Residence. No. 2718 Troost St. W 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 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) Sept 3 - 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
19 5 3

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Order "filler" Bettinger Brothers Surgical Supplies since Oct. 1928.  
 (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) Clinton Mo.

10. NAME OF FATHER Wm Thomas Collier

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

12. MAIDEN NAME OF MOTHER Mary Catherine Lynn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Chas Francis Collier  
 (Address) 2718 Troost

15. FILE NO. 2-7-29 REGISTRAR M M Cook Asst

**MEDICAL CERTIFICATE OF DEATH** Wednesday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 10:52 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental head fracture skull  
2:00 P.M.  
2:00 P.M. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) fall in elevator shaft (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_ 102

WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS histology inspection  
 (Signed) Stanley M. Hall M.D.  
2/6, 1929 (Address) Deputy 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 Clinton Mo DATE OF BURIAL Feb 10 1929

20. UNDERTAKER Spare & Son ADDRESS Clinton Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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