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

Do not use this space.

9288

1. PLACE OF DEATH
County Vernon — Registration District No. ..... — File No. .....
Township Drywood — Primary Registration District No. ..... — Registered No. 5
City Sheldon (No. ..... St. ..... Ward)

2. FULL NAME Malinda B. 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF J. Harvey Collins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12, 1840

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
88	4	10	

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) Madison
(STATE OR COUNTRY) Macon Co., Mo.

PARENTS
10. NAME OF FATHER John Danson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Martha Wilcson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know.

14. INFORMANT Lena Warren
(Address) Independence Mo.

15. FILED 2-22 1929 C. T. Beeny REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 — 20 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1929, to Feb 20, 1929 that I last saw her alive on Feb 20, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
Bush Informatics of Age
..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Injury from fall
..... (duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at Place of Death
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. L. Boone, M. D
, 19 (Address) Sheldon 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: Sheldon Cemetery
DATE OF BURIAL: 2-22 1929

20. UNDERTAKER: C B Beeny & Sons
ADDRESS: Sheldon.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.