

MAR 25 1930

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

Do not use this space.

646-A

31

1. PLACE OF DEATH

County Wayne Registration District No. 257  
Township Grand River Primary Registration District No. 5350  
City          (No.         ) St.          Ward         

File No.           
Registered No.         

2. FULL NAME Jemist N. Collier

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14 1852

7. AGE YEARS 77 MONTHS 11 DAYS no. IF LESS than 1 day,          hrs. or          min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Farmer (b) General nature of industry, business, or establishment in which employed (or employer)          (c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) W. Virginia (STATE OR COUNTRY)         

10. NAME OF FATHER Andrew Collier

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

12. MAIDEN NAME OF MOTHER Maria Bedford

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

14. INFORMANT John M. Collier (Address) Jameson Mo

15. FILED Jan. 19 30 Mrs. L. H. Henderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1930

I HEREBY CERTIFY, That I attended deceased from Jan 10 to Jan 14, 1930, and that I last saw him alive on Jan 14, 1930, at 8:30 p.m. death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia

108

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED         

IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH?          DATE OF         

WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS         

(Signed) J. D. Graham, M. D.

, 19          (Address) Jameson 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 Scotland Cem DATE OF BURIAL Jan 16 1930

20. UNDERTAKER Chris Roberson ADDRESS Gallatin

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

18

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**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 Daviess  
Township Grand River  
City (No. ....) .....

Registration District No. 25-1  
Primary Registration District No. 3-350

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Lewis A. Collier

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 11 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work retired Farmer  
(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) W. Virginia

10. NAME OF FATHER Andrew Collier

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

12. MAIDEN NAME OF MOTHER Martha Herford

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

14. INFORMANT John M. Collier  
(Address) Jameson Mo

15. FILED July 10, 1930 Mrs. L. L. Henderson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... to .....  
that I last saw h..... alive on....., 19....., and that death occurred, on the date titled above, at.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.

, 19 (Address)

\*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 DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
CAUSE OF DEATH - Chain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

SUPPLEMENTARY

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