

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

Do not use this space.

1327

**1. PLACE OF DEATH**

County Jackson  
Township East  
City Tracy (No. 1838)

Registration District No. 399  
Primary Registration District No. 100

File No. \_\_\_\_\_  
Registered No. 319  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Susie Collins  
(a) Residence No. 1838 Tracy St. 4 Ward \_\_\_\_\_

(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 fe 4. COLOR OR RACE Col. 5. ~~Single~~ MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50

**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) South Carolina  
(STATE OR COUNTRY)

10. NAME OF FATHER Wright Jones

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Maggie Rooks  
(Address) 1838 Tracy

15. FILED 23 19 30 M. M. Howe REGISTRAR  
Assn

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/15 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1929 to Jan 15, 1930, that I last saw him alive on Jan 7, 1930, and that death occurred, on the date stated above, at 12:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Broncho pneumonia  
1077A  
1077A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 21 ds.  
CONTRIBUTORY Acute bronchitis  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical Course

(Signed) W. H. McCord M. D.

Jan 22, 1930 (Address) 1518 E. 18th St. Kansas

\*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 Highland Cem DATE OF BURIAL 1/7 1930

20. UNDERTAKER Nathans Bros ADDRESS 1729 Lydia

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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A. H. Maddox.