

NOV 26 1930

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

Do not use this space.

30690

1. PLACE OF DEATH

County Plumstead Registration District No. 651  
Township Plumstead Primary Registration District No. 5-863  
City Cooter (No. ....) St. .... Ward)

File No. ....  
Registered No. 140

2. FULL NAME Mary Margaret 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. 5 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
4 21

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

9. BIRTHPLACE (CITY OR TOWN) Cooter (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Jessie Collins

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

12. MAIDEN NAME OF MOTHER Mary Wimbly

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

14. INFORMANT Jessie Collins (Address) Cooter Mo

15. FILED Nov. 10 1930 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-18 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-1-1930 to 9-18-1930 that I last saw him alive on 7-14-1930, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Her Alth  
119 B  
(duration) yrs. 1 mos. .... ds.

CONTRIBUTORY (SECONDARY) 113 B  
(duration) yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS X  
(Signed) P. E. Cooper, M. D.  
Cooter, 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 Barley Cemetery DATE OF BURIAL 9-19-30

20. UNDERTAKER Herman and Co ADDRESS Steele 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.

