

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

Do not use this space.

36457.
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1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 899
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Hollie Collician

(a) Residence. No. 215 1/2 Independence St. _____
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 1897

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>8</u>	<u>26</u>	

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) _____ (STATE OR COUNTRY) Kansas

10. NAME OF FATHER John Burton

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

12. MAIDEN NAME OF MOTHER Martha Younger

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

14. INFORMANT Burd Clark (Address) K. General Hoop

15. FILED 12/6 1930 M. M. Crow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-30 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-13, 1930 to 11-30, 1930 that I last saw her alive on 11-30, 1930 and that death occurred, on the date stated above, at 2:50 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) SI (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS chest x-ray, fluid & autopsy (Signed) P. Wellman M. D. 12-1, 1930 (Address) Supt K.C. Gen. Hoop

*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 Maple Hill Cem DATE OF BURIAL Dec 6 1930

20. UNDERTAKER A. P. Doehler ADDRESS 1415 E 15

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.

