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.

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

Do not use this space.

37597

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No. 37597
Township Kaw — Primary Registration District No. [illegible] — Registered No. 4459
City Kansas City (No. 601 Harrison St. Ward)

2. FULL NAME Easter Collins
(a) Residence, No. 601 Harrison St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 10 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28, 1875

7. AGE: YEARS 56 — MONTHS 8 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alanta Georgia

FATHER
13. NAME: Amos King.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alanta Georgia

MOTHER
15. MAIDEN NAME: Betty King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alanta Georgia

17. INFORMANT (ADDRESS): Benda Price 631 Hadner St. K.C.K.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Hill Com. DATE: Nov. 9. 1931

19. UNDERTAKER (ADDRESS): Adkins Bros. 2000 East 12 St.

20. FILED: 11-6, 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-4-31

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19...
I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93C	
94B	

Other contributory causes of importance: Coronary Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Deputy Coroner