

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

Do not use this space.

12834

1. PLACE OF DEATH

County Jackson Registration District No. 306
 Township Kaw Primary Registration District No. 1000
 City Kansas City (No. 4112 Mercier) St. 1770 (Ward)

2. FULL NAME Miss Esther E Collins

(a) Residence, No. 4112 Mercier St. 7 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 19, 1899</u>			
7. AGE	YEARS 32	MONTHS 6	DAYS 9
		IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stenographer, 355</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Jochylin Manufacturing</u>		
	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) <u>Davenport Iowa</u> <u>2</u>			
FATHER	13. NAME <u>John E Collins</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davenport Iowa</u>		
MOTHER	15. MAIDEN NAME <u>Mary A Donnan</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davenport Iowa</u>		
17. INFORMANT (ADDRESS) <u>Miss Mary E Collins 4112 Mercier</u>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <u>St. Marys Cem</u>		DATE <u>4/30</u> 19 <u>32</u>	
19. UNDERTAKER (ADDRESS) <u>Quirk & Tobin Co. Linwood & Main</u>			
20. FILED <u>4/29 32 M. D. Brown</u> <u>Registrar</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from

April 26, 1932 to April 28th, 1932

I last saw her alive on April 28, 1932 Death is said to have occurred on the date stated above, at 6.55 P.M.

The principal cause of death and related causes of importance were as follows:

Surgical Dysphagia Date of onset April 24

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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? No

If so, specify _____

(Signed) Ward H. Howard M. P.

(Address) 3232 Summit St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

