

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

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.

12858

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 900, Admiral Blvd)

File No. 1800  
Registered No. 1800  
St.          Ward         

2. FULL NAME

Mrs. Sylvia Collins

(a) Residence, No. 900 Admiral Blvd St. 1 Ward           
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos.          ds. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 17, 1849

7. AGE YEARS 83 MONTHS 3 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.  
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) South Carolina

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Wm Collins 527 Lawrence ave K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cap Home Care DATE May 2 1937

19. UNDERTAKER (ADDRESS) P. H. Mudgett and Sons 919 State Ave., N. C. Kansas

20. FILED May 12 1937 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1929 to April 1937  
I last saw her alive on April 1937 Death is said to have occurred on the date stated above, at 1:30 A. M.  
The principal cause of death and related causes of importance were as follows:

Senile Debility  
Chronic Myocarditis  
Other contributory causes of importance:

Name of operation none Date of           
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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? no  
If so, specify           
(Signed) D. P. Klinger M. D.  
(Address) 615 Abigail Blvd. KCMO

