

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

Do not use this space.

15196

1. PLACE OF DEATH

3 County Atchison
Township Dale
City (No. _____) _____

Registration District No. 17
Primary Registration District No. 5022

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

2. FULL NAME

Mrs. Amanda Caroline Collins

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1932, to May 20, 1932. I last saw her alive on May 20, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.

DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6-1862
AGE YEARS 69 MONTHS 6 DAYS 14
IF LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:
46E

Date of onset

Not known as to date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

Coronary of liver
46E

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 233

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville, Penn.

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 Mrs. R. H. Irvine (ADDRESS) Jaffray, Mo.

18. BURIAL, CREMATION, OR REMOVAL Pleasant Ridge Cemetery DATE May 22, 1932

19. UNDERTAKER Schollers, Prob. (ADDRESS) Jaffray, Mo.

20. FILED June 10, 1932 Arthur B. Black Registrar.

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

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) Samuel H. ..., M. D.
(Address) ...

