

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.

SEP 26 1932

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

Do not use this space.

27098

1. PLACE OF DEATH  
 County Way Registration District No. 744  
 Township Richmond Primary Registration District No. 3035  
 City Richmond (No.         ) St.          Ward         

2. FULL NAME Mrs Margaret M. Collins  
 (a) Residence, No.          St.          Ward           
 (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. (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 Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8<sup>th</sup> 1856  
 7. AGE YEARS 76 MONTHS 0 DAYS 23 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.           
 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) Missouri  
 13. NAME Henry Lane  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know  
 15. MAIDEN NAME Margaret Moore  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know  
 17. INFORMANT (ADDRESS) Mrs Ted Brockman Richmond, Mo. R.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Archery, Mo. DATE 8-2-1932  
 19. UNDERTAKER (ADDRESS) G. W. Mansur Richmond, Mo.  
 20. FILED 9-9-32 E. E. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1932  
 22. I HEREBY CERTIFY; That I attended deceased from July 20th 1932 to August 2nd 1932  
 I last saw him or alive on August 1st 1932 Death is said to have occurred on the date stated above, at 1:25 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy  
 Date of onset           
 Other contributory causes of importance: None  
 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         , 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) H. J. Smith M. D.  
 (Address) Henrietta, Missouri

