

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

Do not use this space.

42596

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. St. Mary's Infirmary)

File No.
Registered No. 11739
St. Ward)

2. FULL NAME Martha Collins

(a) Residence, No. 1216 So. 6th St., 22 Ward.

Length of residence in city or town where death occurred 25 yrs. mos. ds.

(If nonresident, give city or town and State)
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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Collins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1867
7. AGE YEARS 65 MONTHS 5 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 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. At Home 235
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) Indiana 2

MOTHER FATHER 13. NAME Joseph Gill

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

15. MAIDEN NAME Hannah Briar

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

17. INFORMANT William Collins (ADDRESS) 1216 So. 6th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE December 31/32

19. UNDERTAKER R. W. McLaughlin (ADDRESS) 16 S. Main St.

20. FILED DEC 31 1932 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1932 to Dec. 29 1932
I last saw her alive on Dec. 29, 1932 Death is said to have occurred on the date stated above, at 2:00 p. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset ?
131
73
111 B / 3 / 1
Other contributory causes of importance:
Pulmonary edema ?
Chr. Nephritis ?

Name of operation Date of
What test confirmed diagnosis? Physical 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 Yes
(Signed) J. E. Mason, M. D.
(Address) 1536 Papen 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.

