

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

Do not use this space.

5260

1. PLACE OF DEATH

34 County Douglas
Township Richland
City _____ (No. _____) St. _____ Ward _____

Registration District No. 95-7
Primary Registration District No. 5396

File No. _____
Registered No. _____

2. FULL NAME

Helen 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

W

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)

Feb. 22, 1933

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 6 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hebron

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Earnest Collins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Hebron

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Hettie Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Hebron

(STATE OR COUNTRY)

Mo

14. INFORMANT

Earnest Collins

(Address)

Hebron Mo

15. FILED

Mar 1, 1933 Earnest Collins

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb. 22, 1933

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 22 - 130, 1933, to Feb. 22, 7.30, 1933, that I last saw her alive on Feb. 22, 7.30, 1933, and that death occurred, on the date stated above, at 7.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Internal Hemorrhage
Cause unknown

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

☒ DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Minnie Clinton attending

Mar 1, 1933 (Address) Hebron Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Little Zion Cem

DATE OF BURIAL

Feb. 22, 1933

20. UNDERTAKER

E.H. Dooms

ADDRESS

Hebron Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

