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

Do not use this space.

26719

1. PLACE OF DEATH
County Jackson — Registration District No. 403 — File No.
Township Brooking — Primary Registration District No. 5557 — Registered No.
City Independence, Mo. Route #5 (No. , Woodson Road St. Ward)

2. FULL NAME Mrs. K. Bell Collings
(a) Residence, No. Woodson Road St., Ward.
(Usual place of abode) Indep. R#5 (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 73 yrs. mos. ds. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles B. Collings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 19, 1860

7. AGE: 73 YEARS — MONTHS: 5 — DAYS: 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 1½ months
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eudora, Kansas

FATHER
13. NAME: Ira Jennings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Mona Weston, Route #5 Independence, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brooking DATE Aug 22 1933

19. UNDERTAKER (ADDRESS): Oth E. Mitchell, Independence Mo.

20. FILED 8-21- 1933 W. W. Nobles M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1933, to August 20, 1933
I last saw her alive on August 20, 1933 Death is said to have occurred on the date stated above, at 4:15 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration with auricular fibrillation and cardiac decompensation	over 1 year
Other contributory causes of importance: arteriosclerosis and hypertension	years 5-

Name of operation ..... 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 ....., 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) John K. Caldwell, M. D.
(Address) 832 Argyle Bldg. Kansas City Mo.

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 1933

PERMANENT RECORD