

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

Do not use this space.

27159

**1. PLACE OF DEATH**

County Newton Registration District No. 611  
 Township Darton Primary Registration District No. 581  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Collins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 1859</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	
		DAYS
		<u>27</u>
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1933  
 22. I HEREBY CERTIFY, That I attended deceased from July 11 1933 to Aug 29 1933  
 last saw him alive on Aug 26 1933. Death is said to have occurred on the date stated above, at 11 A.M.  
 The principal cause of death and related causes of importance were as follows:

senile dementia Date of onset  
10/16/33

Other contributory causes of importance:

Name of operation none 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? no  
 If so, specify  
 (Signed) M. L. Bassard, M. D.  
 (Address) Seneca Mo

12. BIRTHPLACE (CITY OR TOWN) Wychester  
 (STATE OR COUNTRY) Indiana  
 13. NAME John Collins  
 14. BIRTHPLACE (CITY OR TOWN) no record  
 (STATE OR COUNTRY)  
 15. MAIDEN NAME May Lynch  
 16. BIRTHPLACE (CITY OR TOWN) no record  
 (STATE OR COUNTRY)  
 17. INFORMANT Mrs. Cora Collins  
 (ADDRESS) near no  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE 007 Centre DATE Aug 30 1933  
 19. UNDERTAKER Bryhan's  
 (ADDRESS) near no  
 20. FILED 7/18 1933 C. G. Thompson  
 Registrar

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 20 1933

