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

Do not use this space.

34858

File No.

Registered No. 9031

1. PLACE OF DEATH

County

Township

City St Louis (No. , St. Ward)

Registration District No. 791

Primary Registration District No. 1005

2. FULL NAME Mary Collins

(a) Residence, No. 3523 Lawton St., 21 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 F.

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29 1877

7. AGE Years 56 Months 7 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 92A

10. Date deceased last worked at this occupation (month and year) — 92C

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

FATHER

13. NAME Henry Jones

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

MOTHER

15. MAIDEN NAME Lucy Hopkinson

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

17. INFORMANT (ADDRESS) A. L. Bedford Co. 27 N. Lucas

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 10-22 1933

19. UNDERTAKER (ADDRESS) A. L. Bedford Co. 27 N. Lucas

20. FILED Oct 20 1933 J. J. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933, to Oct 18, 1933

I last saw h. on alive on Oct 18, 1933. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
131 Myocarditis Chronic	
Nephritis Chronic	
92A	
92C	

Other contributory causes of importance:

8

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) R. W. White, M. D.

(Address) St. Mary's Infirmary

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.