

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 307
Township Primary Registration District No.
City Kansas City (No. 1118, Belvidere) St. 1654 Ward)

2. FULL NAME Mattie Jacques Collins

(a) Residence, No. 1118 Belvidere 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 Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14 - 1875				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	59	2	24	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home			
	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) Mo.				
FATHER	13. NAME Ambrose Jacques			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo			
MOTHER	15. MAIDEN NAME Susan Walker			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.			
17. INFORMANT Hattie Jacques (ADDRESS) 1118 Belvidere				
18. BURIAL, CREMATION, OR REMOVAL PLACE Westlawn Cemetery DATE Apr. 12, 1934				
19. UNDERTAKER Nathan W. Thatcher (ADDRESS) 1520 N. 5th Street				
20. FILED Apr. 12, 1934 M. M. Crowe cash Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 8, 1934**

22. I HEREBY CERTIFY that I attended deceased from **Mar 30, 1934** to **Apr 6, 1934**
I last saw her alive on **Apr 4, 1934** Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Pulmonary T.B. by
dent below
Date of onset

Other contributory causes of importance:

Name of operation **no** Date of
What test confirmed diagnosis? **no** 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?
If so, specify
(Signed) **J. W. Brown**, M. D.
(Address) **1705 E 12**

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.

