

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway
Township Rock
City Maryville (No. St. Francis Hospital)

Registration District No. 628
Primary Registration District No. 3031

File No. 25739
Registered No. 80
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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1907

7. AGE YEARS 27 MONTHS 2 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

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

13. NAME Frank Benz

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

15. MAIDEN NAME Mollie Collmoure

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

17. INFORMANT Frank Benz (ADDRESS) Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mariam Cemetery DATE July 23 34

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo

20. FILED 7-29 1934 Mamie E. Clardy Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to July 1, 1934, 19____. I last saw her alive on July 1, 1934. Death is said to have occurred on the date stated above, at 5 A. M.

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

Peritonitis
intestinal obstruction
5th
20
39
35
Other contributory causes of importance:
Pyo salpinx

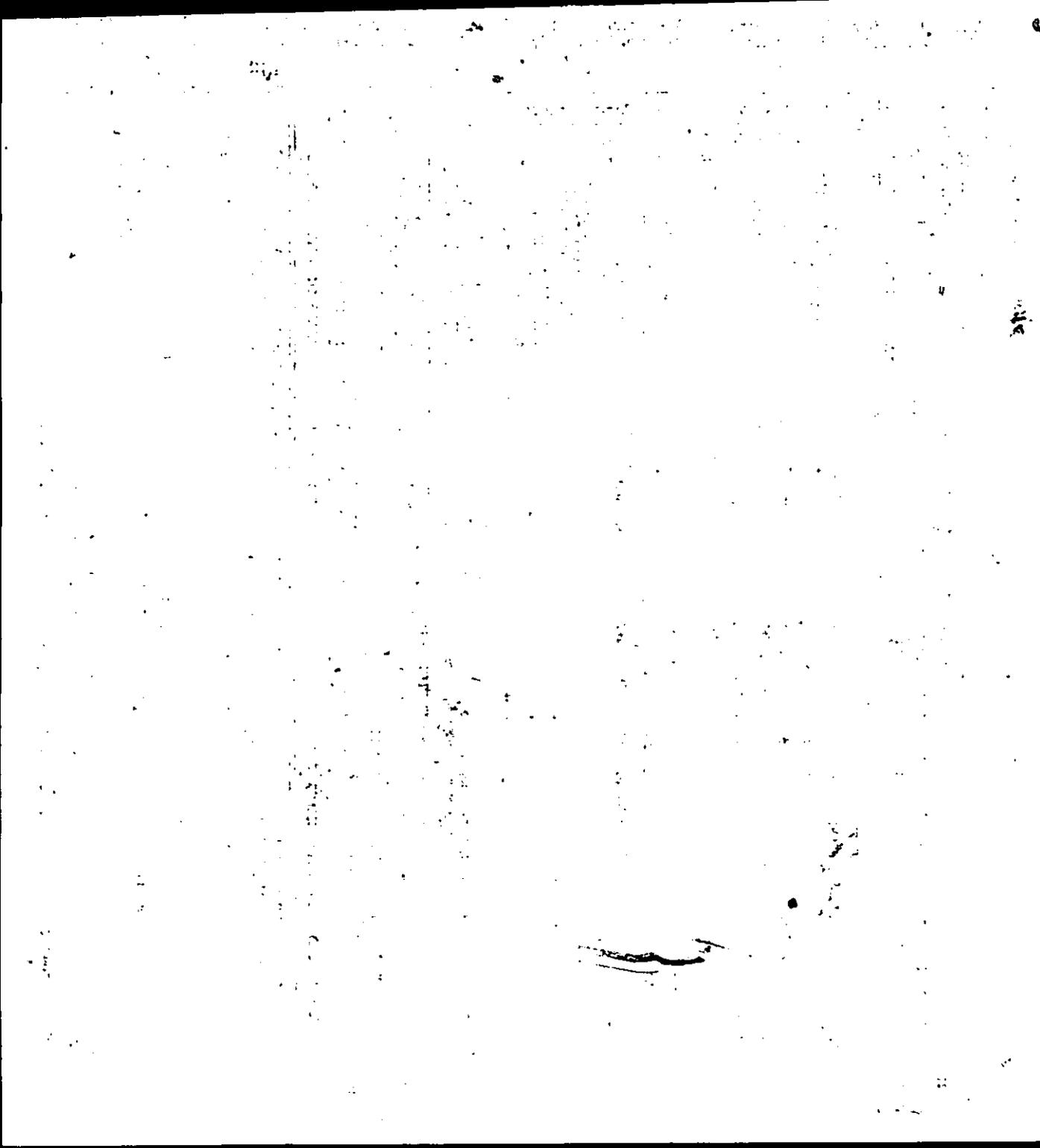
Name of operation Laparotomy drainage Date of _____
What test confirmed diagnosis lab Was there an autopsy? no

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. M. Bayles, M. D.
(Address) Conception church 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. AUG 16 1934



JAN 31 1935

FORWARDED BY REGISTER

EXACT COPY OF ORIGINAL

RECORDED

5-25739

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