

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.

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

Do not use this space.

OCT 15 1934

1. PLACE OF DEATH

County Moniteau Registration District No. 6-75
 Township Tipton Primary Registration District No. 4339
 City Tipton Mo (No. _____) St. _____ Ward _____

File No. 33472

Registered No. _____

2. FULL NAME Mary Ellen Collier

(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 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 Dan Collier, (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September, 14, 184

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	93	0	8	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) Morgan County
 (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Archie Marshall Clark

FATHER 14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Jane Chapman

FATHER 16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Arch Collier
 (ADDRESS) Tipton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic, Tipton, Mo 9/24/34

19. UNDERTAKER Janece E. Richards
 (ADDRESS) 9-23 34 Mrs. C. E. Richards

20. FILED 9-23 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from Sept 17 1934 to Sept 22 1934
 I last saw h. e. alive on Sept 22 1934. Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Coronary Thrombosis
 Date of onset _____
 Other contributor causes of importance _____

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? _____

If so, specify _____ (Signed) J. P. Norman, M. D.

(Address) Tipton Mo

