

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

Do not use this space.

9666

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APR 1 9 1935

**1. PLACE OF DEATH**

County Lafayette  
 Township Washington  
 City Washington (No. \_\_\_\_\_)

Registration District No. 461  
 Primary Registration District No. 3024

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE white 5. ~~Single, Married, Widowed, or Divorced~~ Widowed (write the word)

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ Widowed  
 (Name of deceased) Martina Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 | 6 | 37

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) (STATE OR COUNTRY) Nationville Mo.

13. NAME John Mulligan

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

15. MAIDEN NAME Mary Phillips

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

17. INFORMANT Mrs. James Stewart (ADDRESS) Washington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Mo DATE Mar 4 1935

19. UNDERTAKER Earnest Jeger (ADDRESS) Washington Mo

20. FILED Mar. 2 1935 Jay Bond Bates Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to Mar 1 1935  
 I last saw him alive on Mar 1 1935. Death is said to have occurred on the date stated above, at 10:20 P.M.

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

Date of onset 3-1-35

Other contributory causes of importance:  
arteriosclerosis

Name of operation \_\_\_\_\_ 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?  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Bond, M. D.

(Address) Washington 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.

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