

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 24 1935

29991

1. PLACE OF DEATH

County Lewis Registration District No. 470 File No. 4283  
Township W. Vernon, Mo. Primary Registration District No. 5033 Registered No. 912  
City W. Vernon, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Mary Collins  
(a) Residence, No. Clayton, St. Louis Co. Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE Negro (widowed) W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED (a) HUSBAND OF (b) WIFE OF widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 - 1899  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 5 24

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. X  
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) Aberdeen, Miss.

13. NAME Lewis Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen, Miss.

15. MAIDEN NAME Emma Freeman

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

17. INFORMANT (ADDRESS) Family record

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Sept 30, 1935

19. UNDERTAKER (ADDRESS) Dr. W. Vernon, Mo.

20. FILED 9/29, 1935 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9.29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6.22.34, 1934, to 9.29, 1935  
I last saw h. or alive on 9.29, 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Pulmonary tuberculosis Date of onset Sept. 32

Other contributory causes of importance: 7.3

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? fluid 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) Scott P. Child, M. D.  
(Address) W. Vernon, Mo.

