

DEC 18 1935

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

Do not use this space.

35633

1. PLACE OF DEATH

County Dekalb
Township Dallas
City (No.)

Registration District No. 263
Primary Registration District No. 3365

File No. 4
Registered No. 32
St. Ward)

2. FULL NAME William Franklin Collier

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) II/25/35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 hrs. or 5 min.

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

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) Dekalb Co
(STATE OR COUNTRY) Mo.

13. NAME Robert A. Collier

14. BIRTHPLACE (CITY OR TOWN) Dekalb Co
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Alta Lee

16. BIRTHPLACE (CITY OR TOWN) Daviess Co
(STATE OR COUNTRY) Mo

17. INFORMANT Robert A. Collier
(ADDRESS) Santarosa, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE II/26/35, 1935

19. UNDERTAKER (ADDRESS) Family

20. FILED 12/10 1935 James F. Derald
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/25/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1935, to 11-25, 1935

I last saw him alive on 11-25, 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:

Cerebral Hemorrhage Date of onset 11-25-35

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Defending 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? No
If so, specify

(Signed) James F. Derald M. D.
(Address) Hopewell 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.

On L.P. 18. 1914
magnolia
and