

JAN 20 1936

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

Do not use this space.

40619

1. PLACE OF DEATH

County Pike

Registration District No. 682

Township Ashburn

Primary Registration District No. 4406

City Ashburn (No. Ashburn)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Mrs Columbia Collins

(a) Residence, No. Ashburn St. \_\_\_\_\_ Ward. \_\_\_\_\_

Length of residence in city or town where death occurred 30 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Wife of Jack Hess

22. I HEREBY CERTIFY, That I attended deceased from 1920 1935 to Dec. 1935 1935

I last saw her alive on Dec. 16 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/1/69

to have occurred on the date stated above, at 12:25 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 1 19

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

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

Chronic Organic Heart Disease

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date of onset 15/6  
20 days

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schubert, Mo.

Name of operation None Date of \_\_\_\_\_

13. NAME Phillip Carter

What test confirmed diagnosis? Lab. Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk, Ia.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

15. MAIDEN NAME Elizabeth (?)

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeler, W. Va.

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT (ADDRESS) Key Collins Ashburn Mo

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashburn Mo DATE 12/22/35

24. Was disease or injury in any way related to occupation of deceased? No.

19. UNDERTAKER (ADDRESS) J. H. Haly Lawrence, Mo

If so, specify \_\_\_\_\_ (Signed) Charles P. Jewell, M. D.

20. FILED 12/26 1935 Lewis Stephens Registrar.

(Address) Lawrence Mo

Every year or 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.

