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

Do not use this space.

42188

File No. 213

Registered No.

JAN 21 1936

1. PLACE OF DEATH

County: Stoddard

Registration District No. 838

Township: Liberty

Primary Registration District No. 6098B

City: Dutch R. 3 (No. , St. Ward)

2. FULL NAME: Fred 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-4-07

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	1	7	

OCCUPATION

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

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): Moorehouse Mo.

FATHER

13. NAME: Perlay Collier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

MOTHER

15. MAIDEN NAME: Laura Hogg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

17. INFORMANT (ADDRESS): Clyde Hogg Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dexter DATE: 11-12-35

19. UNDERTAKER (ADDRESS): Hill Bros Lilbourn Mo

20. FILED 1-10, 1936 Alice L. Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23rd, 1935, to Dec. 11, 1935

I last saw him alive on Nov. 29th, 1935. Death is said to have occurred on the date stated above, at 2:40 a.m.

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

Edema of Lungs

Date of onset 11-29-35

Other contributory causes of importance: Chronic Nephritis

Name of operation: None Date of

What test confirmed diagnosis? Clinical 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) S. E. Davis, M. D.

(Address) Dexter Mo

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
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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County: Stoddard — Registration District No.: 838 — File No.:
Township: Liberty — Primary Registration District No.: 6098B — Registered No.: 213
City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Fred 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	S

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	1	7	

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

FATHER
13. NAME .....
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) .....

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) .....

17. INFORMANT ..... (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19....

19. UNDERTAKER ..... (ADDRESS) .....

20. FILED 2-14, 1936 Alice L. Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & lung	
Due to cardiac asthma	

Other contributory causes of importance:
Chronic osteomyelitis
was not tuberculosis

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) S. S. Davis, M. D.
(Address) Vestris Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact cause of death must be given. Do not use abbreviations or symbols.

S-42188