

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County .....  
Township .....  
City (No. *4019 Innery*) .....

Registration District No. *791*  
Primary Registration District No. *1003*

File No. *3506*  
Registered No. *742*  
St. .... Ward)

2. FULL NAME

*Lelia Collins*

(a) Residence, No. *4019 apt. 203 Innery* St., *11* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Col.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-17* , 19*36*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John B. Collins*

22. I HEREBY CERTIFY, That I attended deceased from *7/8/35* to *1/17/36*, 19*36*

I last saw him alive on *1/4/36*, 19*36* Death is said to have occurred on the date stated above, at *6:30* p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-20-1894*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. *41 5 27*

*Myocardial Chronic (Coronary Artery) and Chronic nephritis*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

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

Other contributory causes of importance *None*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Winnfield, La.*

13. NAME *James Collins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Winnfield, La.*

15. MAIDEN NAME *Rhoda Walker*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Winnfield, La.*

17. INFORMANT (ADDRESS) *John B. Collins - 4019 Innery apt 203 - 4042 - Innery*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *Jan 23 1936*

19. UNDERTAKER (ADDRESS) *W. H. Torrey 1003 N. Garrison*

20. FEBRUARY 20 1936, 19 *94 Bredeck* Registrar.

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 of injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) *W. H. Torrey* M. D.  
(Address) *29125 Franklin*

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

