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.

APR 23 1936

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

Do not use this space.

File No. 10714
Registered No. 1383

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City K.C. (No. ST JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME DONNA MAE COLLYER.
(a) Residence, No. 4228 AGNES 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: F
4. COLOR OR RACE: W
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) Sept-5-1934

7. AGE: Years 1 Months 6 Days 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City Mo

FATHER
13. NAME Ralph M Collyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

MOTHER
15. MAIDEN NAME Helen Lucille Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT (ADDRESS) Ralph M. Collyer 4228 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT Moriah DATE Mch-16 1936

19. UNDERTAKER (ADDRESS) H. W. Newcomers Sons Kansas City Mo

20. FILED Mch 17 1936 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1936 to 3-14 1936
I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 10 55 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3-10
Purulent Pericarditis	3-10
Bilateral Empyema (Strep)	3-9
Lumbar Peritonitis "	3-9
Septicemia (Strep Grp)	3-5

Other contributory causes of importance:
Acute Strep coccal Sore Throat 2-26-36
was origin

Name of operation .... Date of
What test confirmed diagnosis? Clinical Practitioner 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 No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. A. Mutard, M. D.
(Address) 6 Doctors Bldg

GULANGYRE - 3 PM