WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUN 22 1936

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

Do not use this space.

19955

File No.

Registered No. 584

1. PLACE OF DEATH

County Linn — Registration District No. 496

Township — Primary Registration District No. 3025

City Brookfield (No. , St. Ward)

2. FULL NAME Emma J. Collier

(a) Residence, No. 607 West Dake St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 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)
F	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	2	19	

OCCUPATION

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

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) Dec. 1935 — 11. Total time (years) spent in this occupation

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

FATHER

13. NAME J.W.Triggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland, Ohio.

MOTHER

15. MAIDEN NAME Elizabeth Stains

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania.

17. INFORMANT Miss Viola Triggs
(ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill Cemetery, DATE May 18 36

19. UNDERTAKER Rusk Funeral Home.
(ADDRESS) Brookfield, Mo.

20. FILED June 4 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1936, to 5-13, 1936

I last saw her alive on May 15, 1936 Death is said to have occurred on the date stated above, at 4 a. m.

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

Malignant growth of liver — Date of onset
Gallstones
Kidney disease

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? None 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) [illegible], M. D.
(Address) Brookfield, Mo.