

JUN 25 1936

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

Do not use this space.

20401

1. PLACE OF DEATH

County Putman Registration District No. 719  
Township Elm Primary Registration District No. 6950  
City Worthington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs M. F. Collins

(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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |                   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Madison Collins</u>              |   | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 8, 1973</u>                 |                   |  |
| 7. AGE  | YEARS<br><u>62</u>  | MONTHS<br><u>5</u>  | DAYS<br><u>16</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>House wife</u>              |   |                   |  |
|   | 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) <u>Worthington, Mo.</u>                            |   |   |                   |  |
| FATHER  | 13. NAME <u>Jessie Whitworth</u>  |   |                   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>   |   |                   |  |
| MOTHER  | 15. MAIDEN NAME <u>Whitworth</u>  |   |                   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>  |   |                   |  |
| 17. INFORMANT <u>S. J. Collins</u><br>(ADDRESS) <u>Queencity MO</u>                                 |   |   |                   |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>First Pine Cemetery</u> DATE <u>5/25</u> 19 <u>36</u> |   |   |                   |  |
| 19. UNDERTAKER <u>Wm. H. West</u><br>(ADDRESS) <u>Queencity MO</u>                                  |   |   |                   |  |
| 20. FILED <u>5/25</u> 19 <u>36</u> <u>Dr. C. Thomas</u><br>Registrar.                               |   |   |                   |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to May 24, 1936.  
I last saw her alive on May 18, 1936. Death is said to have occurred on the date stated above, at 9 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of Uterus Date of onset known

Other contributory causes of importance:  
None

Name of operation no 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) O. P. Young M. D. O.  
(Address) Queencity MO

WRITE FAIRLY, 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.

