

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

Do not use this space.

31088
3889

1. PLACE OF DEATH ^{SEP 29 1936}
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Lukes Hosp.) File No. _____
 Registered No. _____
 Ward _____
 2. FULL NAME Mrs. Virginia Collins
 (a) Residence, No. Garner Kansas 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Glenn Collins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-29-1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 7 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
 10. Date deceased last worked at this occupation (month and year) July 1936 11. Total time (years) spent in this occupation one
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo.
 MOTHER FATHER 13. NAME E. H. Eilendstine
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas
 15. MAIDEN NAME Ethel Patrick
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Kansas
 17. INFORMANT E. H. Eilendstine
 (ADDRESS) Garner Kansas
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Garner Kansas DATE Aug. 22, 1936
 19. UNDERTAKER H. E. Patterson
 (ADDRESS) Garner Kansas
 20. FILED P-22, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1936
 22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to Aug 22, 1936
 I last saw her alive on Aug 31, 1936. Death is said to have occurred on the date stated above, at 8:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Pelvic Thrombophlebitis Date of onset Aug 29
of pampiniform plexus
1000
 Other contributory causes of importance:
Multiple suppurative infarcts of rt lung
 Name of operation Parvutition, Version Date of July 21
 What test confirmed diagnosis? _____ 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) H. E. Patterson, M. D.
 (Address) 713 Medical Bldg. Bldg.

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.

