

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.

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

Do not use this space.

37241

1. PLACE OF DEATH

County WanglerRegistration District No. 280Township MercuryPrimary Registration District No. 6373City Ray, Mo. (No.)File No. Registered No. St. Ward

2. FULL NAME

Phaehe Olline 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 8 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)

Widowed

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

Columbus Collins

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

Dec. 4, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.81107

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

FATHER

13. NAME

Stelman Ducker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Margaret Day

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

17. INFORMANT (ADDRESS)

Thomas Beards

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brushy Knob DATE Oct 12 1936

19. UNDERTAKER (ADDRESS)

None

20. FILED

Nov 10, 1936 J. E. Roy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 193622. I HEREBY CERTIFY, That I attended deceased from Oct 10 1936 to only 19 I last saw him alive on Oct 10 1936 Death is saidto have occurred on the date stated above, at 24 A. M.

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

Mitral Stenosis

Date of onset

Other contributory causes of importance:

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 or injury in any way related to occupation of deceased? If so, specify (Signed) J. E. Roy(Address) Ray MoM. D.

