

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

Do not use this space.

JAN 19 1937

44248

1. PLACE OF DEATH

County Jayess Registration District No. 252
Township _____ Primary Registration District No. 4132
City Jaysport mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME Sarah Collison

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 6 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farming
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) Wis.

13. NAME John Spencer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs James Collison Jaysport Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 2-0-0-1-1-1 DATE Dec 24 1936

19. UNDERTAKER (ADDRESS) A. G. Raberson Jaysport Mo

20. FILED Dec 24 1936 Nelle Wales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 25 1936

22. I HEREBY CERTIFY, THAT I attended deceased from Dec 18, 1936, to Dec 20, 1936

I last saw her alive on Dec 20, 1936. Death is said to have occurred on the date stated above, at 5:32 m.

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

Purpious Anemia Date of onset 1932

Other contributory causes of importance: Intracapsular fracture of right femur 12-17-36

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Ex Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2-17, 1936
Where did injury occur? At home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall
Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) R. E. Thompson, M. D.
(Address) Jaysport, Mo

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