

FEB 16 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

902

1. PLACE OF DEATH

County Henry Registration District No. 318  
Township Cooper Primary Registration District No. 5429a  
City Washington (No. 140) St.        Ward       

File No.         
Registered No. 119

2. FULL NAME

(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 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 William Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1873

7. AGE YEARS 63 MONTHS 5 DAYS 7 IF LESS than 1 day, hrs. or min.

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

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) Jayette County Illinois

13. NAME Robert Paris Maivon

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

15. MAIDEN NAME Eliza Henry

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

17. INFORMANT William D. Collins  
(ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Friendship DATE Jan. 6 1937

19. UNDERTAKER (ADDRESS) Clifford Brooks  
Adaway, Mo.

20. FILED Jan 6 1937 W. D. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Lee & Co. 1936 to Jan 5 1937  
I last saw her alive on Lee & Co. 1936 Death is said to have occurred on the date stated above, at 12:10 A.M.

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

Date of onset Lee  
22

Other contributory causes of importance:  
Chronic Interstitial Nephritis

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) W. D. Miller M. D.  
(Address) Adaway, Mo.

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.

