MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 9515
Township Kaw — Primary Registration District No. 1002 — Registered No. 1231
City Kansas City (No. Trinity Hospital St. Ward)

2. FULL NAME Harry Dale Collier
(a) Residence, No. 2204 Hardesty St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
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: Clara Collier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 4th 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Swift & Co.
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): Shelbyville Mo.

FATHER
13. NAME: James Collier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelbyville Mo.

MOTHER
15. MAIDEN NAME: Margaret Tagge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bridgeport Canada

17. INFORMANT (ADDRESS): Clara Collier 2204 Hardesty K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coral Hills DATE March 11th 1937

19. UNDERTAKER (ADDRESS): Eylar Funeral Home 1800 Linwood Blvd.

20. FILED Mch 12 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1937, to March 9, 1937
I last saw him alive on March 9, 1937. Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2-24-37
Hypertensive heart disease	Feb. 1931

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Other contributory causes of importance: Chr. 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) Ford L. Lowrey M. D.
(Address) Bathrop Bldg. K.C. Mo.

WRITE PLAINLY, 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.

50M 10-22-36 I X9314

Ford. W. Lowrey Lathrop Bldg. 2611 E. 27 - Li 2689
Vi. 0984