

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 735  
Township 63 Primary Registration District No. 3034  
City Moabery (No. 6) St. 140 Ward

File No. 21083  
Registered No. 140

2. FULL NAME

Gussie May Collier

(a) Residence, No. 918 Fink Ave St. 1 Ward. (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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29-1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
28 4 18

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) Edmonson Arkansas

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) 918 Fink Ave. (Husband)

18. BURIAL, CREMATION, OR REMOVAL PLACE Catland Cemetery DATE May - 18 - 1937

19. UNDERTAKER (ADDRESS) Swain Funeral Home  
Moabery, Mo.

20. FILED May 18 1937 Chas. Glendon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 16 - 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to May - 16 - 1937

I last saw h. alive on May - 16 - 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Pulmonary Tuberculosis Date of onset 12-35

Other contributory causes of importance: None

Name of operation Clinical Autopsy Date of no  
What test confirmed diagnosis Clinical Autopsy no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) E. J. Shrader, M. D.

(Address) Moabery, Mo.

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.

