

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

Do not use this space.

1. PLACE OF DEATH

County Douglas 34 Registration District No. 957
Township Richland Primary Registration District No. 5396
City (No. _____) St. _____ Ward _____

File No. 2625
Registered No. 1

2. FULL NAME Mr Eva Collins 452

(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 F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bryan Collins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1918
7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
26 3 19

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) Oklahoma

FATHER 13. NAME J. E. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlton Co. Mo.

MOTHER 15. MAIDEN NAME Minnie Mackey

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

17. INFORMANT (ADDRESS) Bryan Collins

18. BURIAL, CREMATION, OR REMOVAL PLACE Thornton Cemetery Dec. 15, 1937

19. UNDERTAKER (ADDRESS) John Thornton

20. FILED Dec. 26, 1937 Lazie Thornton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1937, to Dec. 15, 1937
I last saw him alive on Dec. 14, 1937. Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:
Emphysema, Gall Bladder
Date of onset

Other contributory causes of importance: 177

Name of operation None 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? No
If so, specify _____
(Signed) B. H. Spahr M. D.
(Address) West Plains, 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.

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RECEIVED

FEB 24 1938

BUREAU OF VITA
MO. STATE BO.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2625-

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. _____
(b) Township _____ Primary Registration District No. _____ Registered No. _____
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eva Gallins

(a) Residence, No. _____ St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 3 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 4/25 19 38 B.A. Sparks Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1937

22. I HEREBY CERTIFY, That I attended deceased from 19____ to 19____

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Ruptured gall bladder
(Obstructed cystic duct)
(Disregard temptation, 10-7-)
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) R. A. Sparks, M. D.

(Address) West Plains mo

1938
S-2625