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.

REC'D AUG 25 1938

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

25842
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston — Registration District No. 508

(b) Township Chillicothe — Primary Registration District No. ~~5674~~ 3026 Registered No. 261

(c) City Chillicothe Mo. — (d) Street No. Chillicothe Hospital 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. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Margaret Collins

(a) Residence, No. Powersville Mo R 3 St. ☐ Powersville Mo R 3
(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: 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: Eli Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 23 1863

7. AGE: 74 YEARS — MONTHS: 10 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): July 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeling West Virginia

FATHER
13. NAME: George Morrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeling West Virginia

MOTHER
15. MAIDEN NAME: Elizabeth Simmons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeling West Virginia

17. INFORMANT (ADDRESS): Emma Oylear 113 Herriford St. Chillicothe Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Comstock Unionville Mo.

20. FILED July 24, 1938 Donald M. Dowell 3 D.D. 457
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to July 24, 1938
I last saw her alive on July 24, 1938 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach — Date of onset: 3 yrs ago
46 B.

Other contributory causes of importance:
gall Stones — yrs. ago

Name of operation: Removal of gallstones — July 22 38
What test confirmed diagnosis? as above. Was there an autopsy? no

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) C M Grace, M. D.
(Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to ... with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

28-842
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 308
(b) Township — Primary Registration District No. 3026 — Registered No. 361
(c) City Chillicothe (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 Mary Margaret Collins
(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 74 — Months 10 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osgood Mo DATE July 16 38

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/19/1938 Donald M. Dowell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1938

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:

	Date of onset

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) C. M. Grace, M. D.
(Address) Chillicothe Mo

SUPPLEMENTARY

FICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
HALL