

REC'D SEP 13 1938

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

28107

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 2600 Euclid Ave Registered No. 3418
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

Annie B. Collier 460
(a) Residence, No. 2600 Euclid Ave 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED WIDOWED HUSBAND OR (OR) WIFE OF JACK COLLIER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 6 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. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Kansas City 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Jack Long 1
14. BIRTHPLACE (CITY OR TOWN) Marshall Town
(STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Malinda Divers
16. BIRTHPLACE (CITY OR TOWN) Marshall Town
(STATE OR COUNTRY) Tenn.

17. INFORMANT Mr. J. R. Collier
(ADDRESS) 2600 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 8-21-38

19. FUNERAL DIRECTOR J. B. Moore
(ADDRESS) 1820 E-18-street.

20. FILED Aug 30, 1938 M. M. Crome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/21/38 to 8/28/38
I last saw him alive on 8/28/38 Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset 8/21/38
(apoplexy)
8:30 a.m.

Other contributory causes of importance:
Hypertension
(nephritic) acute ✓
Causes Unknown

Name of operation Cholecystectomy Date of no
What test confirmed diagnosis no Was there an 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
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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased no
If so, specify no
(Signed) M. M. Crome M. D.
(Address) 2121 E. 24th

STATEMENT BY LICENSED EMBALMER

I, HB Moon, Licensed Embalmer No. 2410

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed HB Moon

Licensed Embalmer No. 2410

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