

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.

DEC 1 JAN 1 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Crawford*
Township *Osage*
City (No. _____) _____

Registration District No. *1113*
Primary Registration District No. *5317*

File No. *42864*
Registered No. *12*
St. _____ Ward _____

2. FULL NAME

Freda Fay Collier

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>11-29-1938</i>		
7. AGE	YEARS	MONTHS
		6
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <i>None</i>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 5 1938*

22. I HEREBY CERTIFY, That I attended deceased from *No physician in attendance*, 19____
I last saw him _____ 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:
Premature Birth not properly developed

Other contributory causes of importance: *159*

MOTHER	12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <i>Davisville Mo</i>
	13. NAME <i>Clarence Collier</i>
	14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <i>Davisville Mo</i>
	15. MAIDEN NAME <i>Lena Brooks</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <i>Bell Grad Mo</i>
	17. INFORMANT <i>Clarence Collier Davisville Mo</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Hambsutter</i> DATE <i>12-6 1938</i>	
19. UNDERTAKER (ADDRESS) <i>P. Lundy Davisville Mo</i>	
20. FILED <i>12-21 1938</i> <i>E. E. Selt Registrar</i>	

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) *Jerry W. Grayson*
(Address) *St. Charles Mo*

10
11
12