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 JAN 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid 2 — Registration District No. 603 — File No. 43892

Township — Primary Registration District No. 5799 — Registered No. 9

City Morehouse 1 (No. ..., ... St. ..... Ward)

2. FULL NAME 460 Mary E. Collier

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

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: David Collier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2 1868

7. AGE: YEARS 67 — MONTHS 2 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
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): Polk Co. Illinois 1

FATHER

13. NAME: Mack Giffen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama 1

MOTHER

15. MAIDEN NAME: Anna Joyner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 1

17. INFORMANT (ADDRESS): David Collier, Morehouse, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston, Mo. DATE Apr. 12, 1936

19. UNDERTAKER (ADDRESS): John Albritton, Sikeston, Mo.

20. FILED 4 11, 1936 Jno. T. Parrish, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5 36 to Apr. 10 36
I last saw her alive on 4-8, 1936. Death is said to have occurred on the date stated above, at 6:55 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	1935

Other contributory causes of importance: 1621

Name of operation: None — Date of: —
What test confirmed diagnosis? Clinical — 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 ....., 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) John P. Brandon, M. D.
(Address) Enf. Mo.