

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.

JUL 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22502
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1. PLACE OF DEATH

County Lafayette
 Township Lexington
 City Lexington, Mo. (No. 457)

Registration District No. 461
 Primary Registration District No. 3034

File No.
 Registered No.
 St. Ward)

2. FULL NAME Ella Howard Collins

(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 Female 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 Thomas Jackson Collins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2 - 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
81 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Lexington (STATE OR COUNTRY) Ky

13. NAME Roddy Breckinridge

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

15. MAIDEN NAME Jane Martin

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

17. INFORMANT Roddy Collins (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE June 28, 1939

19. UNDERTAKER W. B. Bates (ADDRESS) Lexington, Mo.

20. FILED July 7, 1939 Nelia Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1939

22. I HEREBY CERTIFY that I attended deceased from June 17, 1939 to June 26, 1939
 I last saw her alive on June 26, 1939 Death is said

to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: Arterial Sclerosis

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? no

If so, specify

(Signed) C. B. Bates M. D.

890 (Address) Lexington, Mo.

Bush

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7/3/37