FILED AUG 12 1939

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

25520
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin — Registration District No. 288
(b) Township — Primary Registration District No. 4172 — Registered No.
(c) City or Kennett — (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.
463

2. PRINT FULL NAME Jewel Collard
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8-1919
7. AGE Years 19 Months 9 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
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) Marble Hill Mo — 0

FATHER
13. NAME Fred Collard 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Mo — 1

MOTHER
15. MAIDEN NAME Ella Baskie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Tennessee

17. INFORMANT (ADDRESS) Fred Collard Benton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nazel Cem DATE 7/15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul Salmon Kennett Mo.

20. FILED 7-24 1939 Thelma Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1939

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 7 AM m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carbolic Acid Poisoning By her own Hand
167

Other contributory causes of importance:
Verdict of Coroner Jury

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? suicide 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) George T Gilmore D.O. M.D.
261 (Address) Coroner of Dunklin Co Kennett Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 1 X16605

RECEIVED
District Health Officer No. 3,
District File Number 839-508
Date Filed 8/9/39

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 comply with the above constitutes grounds for revocation of license.)

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