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.

AUG 11 1939

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

Do not use this space.

25974

1. PLACE OF DEATH

County Jasper — Registration District No. 413 — File No.

Township Mineral — Primary Registration District No. 5559-C. — Registered No. 35

City ~~XXXXXXXXXXXXXXXXXXXX~~ ~~CBD CITY~~ (No. TUBERCULOSIS HOSPITAL St. Ward)

2. FULL NAME 452 Flora B. Collins

(a) Residence, No. St., Ward. Louisiana (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 2 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: Ted Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 25 - 1910

7. AGE: YEARS 29 — MONTHS 4 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Glove factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Worker
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): Lincoln Co. Mo

FATHER
13. NAME: James H. Rector
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Mary Hancock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Records

18. BURIAL, CREMATION, OR REMOVAL: Auto Hearse
PLACE LOUISIANA, MO. DATE JULY 3. 1939

19. UNDERTAKER (ADDRESS): W[redacted] CITY UNDERTAKING CO. W. C. Mo.

20. FILED JULY 3. 39, 19 — P. L. Pritchett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1939, to July 2, 1939
I last saw him alive on July 2, 1939. Death is said to have occurred on the date stated above, at 8:10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: 23

Name of operation: None — Date of
What test confirmed diagnosis? Roentgen — Was there an autopsy? No

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) Jesse E. Douglass, M. D.
(Address) Webb City

RECEIVED
District Health Officer No. 6,
Dist. Number 839-1535
Date Filed AUG 8 1939

Ricks Funeral Home
Winfield, Mo.

Embalmed by Clayton Johnston
Licensed No. 3922