

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.

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

Do not use this space.

64 1. PLACE OF DEATH ² Marion Union City 1159 13 1939
 County Marion Registration District No. 549
 Township Union Primary Registration District No. 5742
 City 1159 (No. 13 St. 95 Ward)

2. FULL NAME Nellie Simmons Collins
 (a) Residence, No. 1159 St. 95 Ward. (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.

32978

File No. 95

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>James Collins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9-1861</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	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) <u>Missouri</u> <u>0</u>		
FATHER	13. NAME <u>John Simmons</u> <u>1</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> <u>1</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Raglar</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Laura Spencer</u> (ADDRESS) <u>Philadelphia Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Enderlem</u> DATE <u>9-30</u> <u>1939</u>		
19. UNDERTAKER <u>B. M. Allen</u> (ADDRESS) <u>Philadelphia Missouri</u>		
20. FILED <u>Sept 30</u> 19 <u>39</u> <u>Miss C. T. Dorton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1937, to Sept 28 1939
 I last saw her alive on Sept 28 1939. Death is said to have occurred on the date stated above, at 8:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
arteriosclerosis
chronic glomerular nephritis
 Date of onset Sept 22

Other contributory causes of importance:
arteriosclerosis
chronic glomerular nephritis
embolism

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) Dr. C. E. Shiver Do. W.D.
 (Address) Philadelphia Mo.

