

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

37442

1. PLACE OF DEATH

County Texas Registration District No. 887
 Township Lynch Primary Registration District No. 6138
 City (No. _____) St. _____ Ward _____

File No. 3
 Registered No. 24

2. FULL NAME DELORES MADLINE 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16, 1939</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, ... hrs. or ... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Texas Co. Mo.
 (STATE OR COUNTRY) Mo.

13. NAME Madline Collins

14. BIRTHPLACE (CITY OR TOWN) Bin Davis Mo.
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Hartie Hayes

16. BIRTHPLACE (CITY OR TOWN) Texas Mo.
 (STATE OR COUNTRY) Mo.

17. INFORMANT Thayne Collins
 (ADDRESS) Bin Davis Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dykes DATE 10/16 '39

19. UNDERTAKER H. V. Elliott
 (ADDRESS) Houston Mo.

20. FILED Nov. 10, 1939 Julia Keeney
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 16 1939

22. I HEREBY CERTIFY, That I attended deceased from OCT 16 1939 to OCT. 16 1939
 I last saw her alive on OCT. 16 1939. Death is said to have occurred on the date stated above, at 10:00 P.M.
 The principal cause of death and related causes of importance were as follows:

CONGENITAL ATELECTASIS Date of onset _____
OF LUNGS
PREMATURITY

Other contributory causes of importance:

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?
 If so, specify _____
 (Signed) L. M. Ollman M. D.
 (Address) Houston Mo.

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.

RECEIVED

District Health Officer No. 5,

District File Number: 1139404

Date Filed: 11939