JAN 25 1940

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

1680
Do not use this space.

1. PLACE OF DEATH

(a) County: Buchanan — Registration District No.: 85

(b) Township: — Primary Registration District No.: 1001 — Registered No.: 11

(c) City or Town: St. Joseph — (d) Street No.: 2520 South 11th 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: 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willard Priest Collier

(a) Residence, No.: 2520 South Eleventh 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charlotte Collier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 11, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	44	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as saw mill, bank, etc.: Packing Company

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): Shelbyville, Missouri

FATHER

13. NAME: William Pearl Collier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelbyville, Missouri

MOTHER

15. MAIDEN NAME: Nora Copenhaver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelbyville, Missouri

17. INFORMANT: Charlotte Collier
(ADDRESS) 2520 South Eleventh Street, St. Joseph

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Mt. Auburn Cemetery DATE: January 5, 1940

19. FUNERAL DIRECTOR (NAME): Walter Meierhoffer
(ADDRESS) 1302 Faraon Street, St. Joseph

20. FILED: Jan 5, 1940 H. J. Nestlehut, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1939, to 1-3-40, 1940
I last saw him alive on 1-2-40, 1940. Death is said to have occurred on the date stated above, at 6:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis	
131	

Other contributory causes of importance: (PARENCHYMATOUS) Chronic Glomerulonephritis

Name of operation: none — Date of: ✓

What test confirmed diagnosis? ✓ — Was there an autopsy? yes

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. L. Ferguson M. D.
(Address) 801½ Francis, St. Joseph

(Licensed Embalmer's Statement on Reverse Side)

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 FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE

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 W. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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