JUL 15 1940

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

23022
Do not use this space.

1. PLACE OF DEATH
(a) County Texas 2 0 Registration District No. 18
(b) Township Morris Primary Registration District No. 6139 Registered No.
or
(c) City (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.

2. PRINT FULL NAME 452 Millie Collins
(a) Residence, No. Texas Co Mo St. Rural
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Collins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1862
7. AGE YEARS 78 MONTHS 3 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Tenn

FATHER
13. NAME Wash
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Lovelice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Minnie Mae Town Mtn Grove
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stubbs DATE May 7, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Barber Mtn Grove, Mo
20. FILED ..... 19.....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 — 1940
22. I HEREBY CERTIFY, That I attended deceased from Mar. 15 — 1940, to May - 6 - 1940
I last saw her alive on May - 5 - 1940. Death is said to have occurred on the date stated above, at 3.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast	
5D	

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) R. W. Denny, M. D.
(Address) Mtn. Grove Mo.

71 (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 I X16605

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: Russell Barber

Licensed Embalmer No. 3848

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.

S. No. 2B
M—2-21-40
1 X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23022

Registration District No. 18 Primary Registration District No. 6139 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Texas ~~Shannon~~
(b) City or town: ~~Shannon~~ Mevrill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Texas
(c) City or town: Rural
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Millie Collins
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Wd
6. (b) Name of husband or wife: John Collins
6. (c) Age of husband, or wife, if alive: year
7. Birth date of deceased: June (Month) - 11 (Day) - 1862 (Year)
8. AGE: Years 78 Months 3 Days 25 If less than one day hr. min.
9. Birthplace: (City, town, or county) Tenn (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business:
MOTHER FATHER
12. Name: Wash
13. Birthplace: (City, town, or county) Tenn (State or foreign country)
14. Maiden name: Rouellen
15. Birthplace: (City, town, or county) Tenn (State or foreign country)
16. (a) Informant: Minnie Mae Brown
(b) Address: Mtn Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Stubbs
18. (a) Signature of funeral director: Russell Barber
(b) Address: Mtn Grove Mo
19. (a) Mar 20 1940 (Date received local registrar) (b) Pearl E. McCall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Breast
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: R. W. Denny (M. D. or other)
Address: Mtn Grove Mo

S-23022