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.

FILED OCT 12 1940

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

Do not use this space.

31613

File No.

Registered No. 310

1. PLACE OF DEATH

County Cape Girardeau

~~Township Cape Girardeau~~

City Cape Giraredau (No. , St. Ward)

Registration District No. 125

Primary Registration District No. 3009

2. FULL NAME Harry Freeman Collier

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

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X X X X X X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	1	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) X X X

11. Total time (years) spent in this occupation X X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Commerce, Missouri

FATHER

13. NAME Freeman Collier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golconda, Illinois

MOTHER

15. MAIDEN NAME Esther Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noble, Illinois

17. INFORMANT Mr. Freeman Collier
(ADDRESS) Commerce, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blodgett, Mo. DATE 9-12-40, 19

19. UNDERTAKER Lair-Nunnelee Service
(ADDRESS) Charleston, Mo.

20. FILED 9-11, 1940 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1940, to 9/11, 1940

I last saw h alive on 9/11, 1940. Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloro-Enteritis	

Other contributory causes of importance:

11/1/8

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) G. L. Drueth M. D.

(Address) Cape Girardeau Mo