

FILED SEP 12 1941

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

062

28482

Do not use this space.

1. PLACE OF DEATH

(a) County IRON Registration District No. 391
 (b) Township ARCADIA Primary Registration District No. 4230 Registered No. 85
 (c) City IRONTON (d) Street No. St. Mary's Hospital 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 Joseph Collier

(a) Residence, No. Fredericktown, Mo. St. Fredericktown, Mo.
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriett Emily Allen Collier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1857

7. AGE YEARS 83 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Conductor
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
 10. Date deceased last worked at this occupation (month and year) 1904 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) Mill Creek, Mo.
 (STATE OR COUNTRY) Madison County, Mo.

FATHER 13. NAME Samuel C. Collier

14. BIRTHPLACE (CITY OR TOWN) Mill Creek, Mo.
 (STATE OR COUNTRY) Madison County, Mo.

MOTHER 15. MAIDEN NAME Charity Caroline T. Willard

16. BIRTHPLACE (CITY OR TOWN) Fredericktown, Mo.
 (STATE OR COUNTRY)

17. INFORMANT J. I. Collier
 (ADDRESS) Fredericktown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown DATE Aug. 14, 1941

19. FUNERAL DIRECTOR (NAME) Stanley H. Dixon
 (ADDRESS) Fredericktown, Mo.

20. FILED Aug. 12 1941 Julia A. Hinton
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 - 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1941, to Aug. 12, 1941.
 I last saw him alive on Aug. 12, 1941. Death is said to have occurred on the date stated above, at 1:30 P. m.
 The principal cause of death and related causes of importance were as follows:

chr. nephritis

Date of onset

Other contributory causes of importance:

uremia

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) Stacy M. J., M. D.(Address) IRONTON, MO.

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.

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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

Stanley H. Lipson

Licensed Embalmer No. *4193*

P. O. Address

Fredericktown, Mo

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.