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.

FILED NOV 11 1942

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

Do not use this space.

33871

1. PLACE OF DEATH

46 County Howel — Registration District No. 143 - 46 — File No.

2 Township [illegible] — Primary Registration District No. 5560 2 — Registered No. 43

0 City Rural (No. 1 0 St. Ward)

2. FULL NAME Valia Collins

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

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 Female — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-24 1900

7. AGE — YEARS 42 — MONTHS 2 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Sept 10 - 1941 — 11. Total time (years) spent in this occupation 2 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat Rock Howel Co Mo

FATHER

13. NAME Val Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howel Co Mo

MOTHER

15. MAIDEN NAME Trillie Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howel Co Mo

17. INFORMANT (ADDRESS) Isaac Collins

18. BURIAL, CREMATION, OR REMOVAL PLACE Holmesleen DATE 10-30- 1942

19. UNDERTAKER (ADDRESS) none

20. FILED 10/31-42 1942 Nanette Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1942 to Oct 28, 1942

I last saw her alive on Oct 17, 1942 Death is said to have occurred on the date stated above, at m.

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

Cancer of Stomach — Date of onset

Other contributory causes of importance:

46 b

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) S J Schenoweth M. D.

(Address) Willow Springs Mo

RECEIVED
District Health Officer
District File Number 11429
Date Filed 11-10-42