

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

Do not use this space.

**26258**

**1. PLACE OF DEATH**

42 County Henry Registration District No. 358  
Township Big Creek Primary Registration District No. 5503  
City (No. ....) St. .... Ward) .....

**2. FULL NAME**

Mary Theresa Collins  
(a) Residence, No. RR #4 near St. .... Ward. ....  
(Usual place of abode) ..... (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr B. Collins</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 27 - 1856</u>					
7. AGE YEARS <u>76</u>		MONTHS <u>8</u>		DAYS <u>4</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
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)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co. Mo</u> <u>Davis Twp</u>					
13. NAME <u>R. P. Blewins</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co. Mo.</u>					
15. MAIDEN NAME <u>Nancy Missouri Crockett</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>					
17. INFORMANT (ADDRESS) <u>S. W. Wolzhen</u> <u>Clinton Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>8-27</u> 19 <u>33</u>					
19. UNDERTAKER (ADDRESS) <u>Sigs Funeral Home</u> <u>Clinton Mo</u>					
20. FILED <u>Aug 29</u> 19 <u>33</u> <u>E. G. Hilder</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1933

22. I HEREBY CERTIFY, That I attended deceased from for years - 19    , to Aug 26, 1933  
I last saw her alive on August 26, 1933 Death is said to have occurred on the date stated above, at 6:10 P.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
13 1/2 (years duration)  
Other contributory causes of importance:  
None

Name of operation None Date of       
What test confirmed diagnosis? Urinal Was there an autopsy? No.

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) S. W. Wolzhen, M. D.  
(Address) Clinton 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.

SEP 26 1933

