

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry

Registration District No. 14

Township X

Primary Registration District No. 4211

City Windsor (No. \_\_\_\_\_)

File No. 8684

Registered No. 7

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jessie Marie Collins

(a) Residence, No. \_\_\_\_\_

Jackson Street St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
12 10 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Windsor, Missouri  
(STATE OR COUNTRY)

FATHER 13. NAME Jess Collins

14. BIRTHPLACE (CITY OR TOWN) Windsor, Missouri  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Katie Richardson

16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT Jess Collins  
(ADDRESS) Windsor, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE Mar. 30-34 19.

19. UNDERTAKER MUSION'S FUNERAL CHAPEL  
(ADDRESS) Windsor, Missouri

20. FILED 3-30-34 Registrar [Signature]

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28-34 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1934, to Mar 27, 1934.  
I last saw her alive on Mar 27, 1934. 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:

Diabetes mellitus

Date of onset

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? No.

If so, specify \_\_\_\_\_

(Signed) J. A. Blumhert, M. D.

(Address) Windsor, 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.

1934

