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.

NOV 23 1931

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

Do not use this space.

33728

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township — Primary Registration District No. 3007 — Registered No. 214

City Poplar Bluff (No. , St. Ward)

2. FULL NAME Ella Collins

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

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 F.

4. COLOR OR RACE W-

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1920 Est

7. AGE YEARS 11 MONTHS Est DAYS If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) New Madrid Cty Mo.

FATHER

13. NAME Pank Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bulliner Cty Mo.

MOTHER

15. MAIDEN NAME Flora, Crivatt.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bulliner Cty Mo.

17. INFORMANT (ADDRESS) Pank Collins Holcomb Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clarkston Mo DATE 10-21 1931

19. UNDERTAKER (ADDRESS) Frank Und Co Poplar Bluff Mo

20. FILED Oct 20, 1931 B. J. Blank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1931, to Oct. 20, 1931

I last saw him alive on Oct. 20, 1931. Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Peritonitis	10/10/31
121B	
129 / 121	

Other contributory causes of importance:

Appendicitis	10/1/31

Name of operation Appendectomy Date of Oct. 14-31

What test confirmed diagnosis? 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? No

If so, specify

(Signed) H. L. Brandon, M. D.

(Address) Poplar Bluff, Mo.