

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

Do not use this space.

28401

1. PLACE OF DEATH

County Madison Registration District No. 26  
Township Madison Hospital Registration District No. 13002  
City Mexico, Mo (No. Saturday)

File No. \_\_\_\_\_  
Registered No. 107  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs Hazel Collins

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 <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>Pearl Collins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28, 1914</u>		
7. AGE	YEARS	MONTHS
<u>18</u>	<u>1</u>	<u>25</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. <u>35B</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>87</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County Mo</u>		
MOTHER	13. NAME <u>Ralph W. Little</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln County Mo</u>	
FATHER	15. MAIDEN NAME <u>Margaret Knack</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln County Mo</u>	
17. INFORMANT <u>Pearl Collins, Vandalia Mo</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Lincoln</u> DATE <u>Sept 25</u> 19 <u>32</u>		
19. UNDERTAKER <u>W. S. Waters, Vandalia</u> (ADDRESS)		
20. FILED <u>Oct 1 - 1933</u> <u>Ira S. Milligan</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-8-32 to 9-23-32  
I last saw him alive on 9-23-32 Death is said to have occurred on the date stated above, at 1:50 P.M.  
The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_

Acute endocarditis  
Chorea + Rheumatism in early life

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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) J. F. Garrison, M. D.  
(Address) Mexico 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.

OCT 24 1932

