

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

Do not use this space.

MAR 24 1934

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1. PLACE OF DEATH

12 County Bartlett
Township Poplar Bluff
City Poplar Bluff (No.)

Registration District No. 95
Primary Registration District No. 3145

File No.
Registered No.
St. Ward

2. FULL NAME

Elizabeth Collins

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
<u>30</u>	<u>1</u>	<u>11</u>	<u>11</u>	<u> </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeper
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ownsville
(STATE OR COUNTRY) Ind

PARENTS

10. NAME OF FATHER Morgan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nullville
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 12/4 33 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/30/33 1933

17. I HEREBY CERTIFY, That I attended deceased from 11/27/33 to 11/27/33 that I last saw him alive on 11/30/33 and that death occurred, on the date stated above, at 7:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial infarction
9:00 (duration) yrs. mos. da.
CONTRIBUTORY Overman (SECONDARY) (duration) 1 yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF 11/28/33

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/28/33
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation
(Signed) M. D.
, 19 33 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hill Cemetery DATE OF BURIAL Dec 1 19 33

20. UNDERTAKER Blanco Mortuary ADDRESS

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.

DEPARTMENT RECORD

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County..... Butler Registration District No. 89
 Township.....
 City..... Paplar Bluff (No. Primary Registration District No. 3007
 St. Ward)
 2. FULL NAME..... Elizabeth 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>F</u>	4. COLOR OR RACE <u>W</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>Elmo Collins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 19 1905</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>1</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</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>Wagonville Indiana</u>		
FATHER	13. NAME <u>Unknown</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Elmo Collins</u> (ADDRESS) <u>Conning Ark.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richwood Cemetery</u> DATE <u>Dec 1, 1934</u>		
19. UNDERTAKER <u>Black Mortuary</u> (ADDRESS) <u>Conning Ark.</u>		
20. FILED <u>4-11-1934</u> <u>W. S. Bailey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1934, to Nov 30 1934

I last saw him alive on 11/30/34, 19..... Death is said to have occurred on the date stated above, at 10:00 m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Failure
Ovarian Cyst

Other contributory causes of importance:
55 W

Name of operation..... Date of 11/28/34
 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?.....
 If so, specify.....
 (Signed) W. S. Bailey M. D.
 (Address) Paplar Bluff Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

CORNING, ARK.

April 10, 1934

Dr. W. S. Bailey
321 Vine St.
Poplar Bluff, Mo.

Dear Sir:

We have your letter concerning the removal and burial of Mrs. Elizabeth Collins.

This was a charity case with us and we did not receive one cent for our services. However, we did secure or prepare a death certificate and filed it, but Dr. Neibert with the Brandon Hospital told our ambulance driver that he would take care of the removal permit the next morning and we took the body to the home and had nothing further to do with the funeral.

If this has not been properly taken care of, we will do our best to get this data, but it would be almost impossible for us to secure any information now as the husband is not telling where and we were not acquainted with them at all, merely used our ambulance as an act of charity, but if the information has not been completed up there, you may let us know further and we will see if we can find out about it.

Yours very truly,

J. W. BLACK LUMBER COMPANY