

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

Do not use this space.

997

FEB 25 1935

1. PLACE OF DEATH

County Brady  
Township  
City Trenton (No. ....)

Registration District No. 328  
Primary Registration District No. 3017

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry R Morris

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 2 24

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

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) Missouri

13. NAME Andrew Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Ester Young

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

17. INFORMANT (ADDRESS) Harry R Morris  
Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE Jan 13 1935

19. UNDERTAKER (ADDRESS) Leeson Mortuary

20. FILED 1-12 1935 Jens O'Farrell  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1935, to Jan 11, 1935.  
I last saw him alive on Jan 11, 1935. Death is said to have occurred on the date stated above, at 10 P.M.

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

Lobar Pneumonia Date of onset 1-9-35  
Influenza 1-6-35

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical 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 OR Rocks, M. D.  
(Signed) OR Rocks  
(Address) Trenton 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.

