

OCT 3 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Raymond  
Township Wynona  
City Steubenville (No. 710)

Registration District No. 603  
Primary Registration District No. 5872

File No. 20265-a  
Registered No. \_\_\_\_\_  
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>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>W. H. Collins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-20-1868</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>10</u>
	DAYS <u>15</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>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	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>Dekater Ga</u>		
FATHER	13. NAME <u>George Flowers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dekater Co Ga</u>	
MOTHER	15. MAIDEN NAME <u>Mancil Harrington</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dekater Co Ga</u>	
17. INFORMANT (ADDRESS) <u>German Undert Co Steubenville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calverton Ave</u> DATE <u>5-6-36</u>		
19. UNDERTAKER (ADDRESS) <u>German Undert Co Steubenville</u>		
20. FILED <u>8/10</u> 19 <u>36</u> <u>L. J. Okunson</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-36 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1936 to 5-3, 1936  
I last saw her alive on 5-3, 1936 Death is said to have occurred on the date stated above, at 12:0 a.m.  
The principal cause of death and related causes of importance were as follows:  
acute nephritis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: hypertension

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Physical (Was there an autopsy?) \_\_\_\_\_

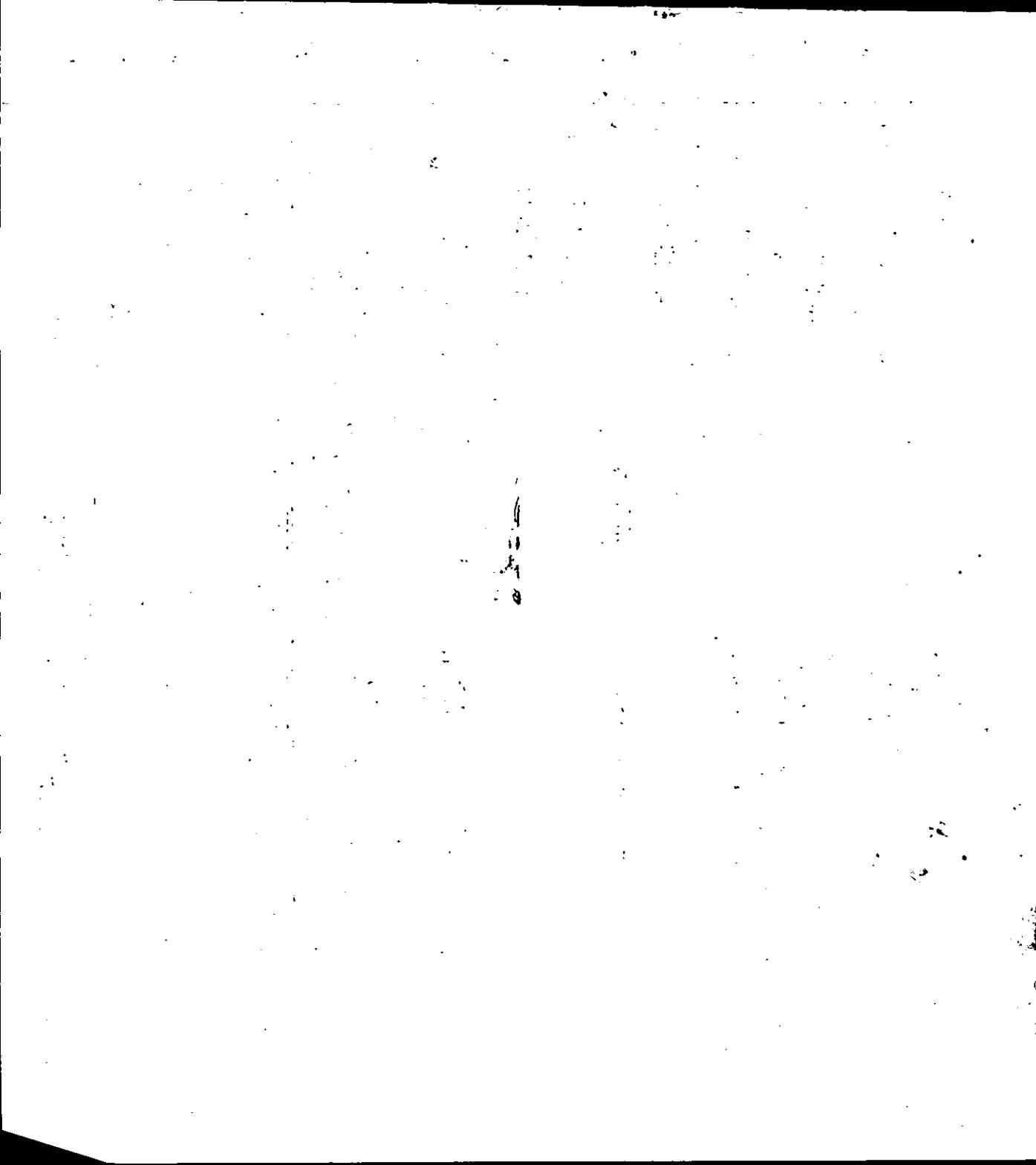
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public 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. J. Collins, M. D.  
(Address) Steubenville, 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.

RECORD WITH UPDATING INK—THIS IS A PERMANENT RECORD



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

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**1. PLACE OF DEATH**

County Emisat  
Township Virginia  
City (No. ) St. Ward)

Registration District No. 655  
Primary Registration District No. 3872

File No. ....  
Registered No. ....

**2. FULL NAME**

Elizabeth Collins

(a) Residence, No. .... St. .... Ward. ....

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

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, hrs. or min.
	<u>67</u>	<u>10</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as splanner, 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).....

Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED

5/10 26 L. G. Robinson  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... 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:

acute nephritis Date of onset

caused from age

& enlargement of heart

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?.....

If so, specify.....

(Signed) J. H. Robbins M. D.

(Address) Steele mo

**TEMPORARY**

GROUP OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

20265-2