

AUG 19 1937

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

Do not use this space.

26674

1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. MO. METHO. HOSPITAL)

File No. \_\_\_\_\_  
Registered No. 760  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. (Bay) Infant Collier Ward. \_\_\_\_\_  
(Usual place of abode) 1302 Penn.

(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>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 - 1937</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
		If LESS than 1 day, <u>25</u> hrs. or <u>25</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Missouri

13. NAME Hobart Collier

14. BIRTHPLACE (CITY OR TOWN) Santa Rosa  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lattie Wolf Alta Lee

16. BIRTHPLACE (CITY OR TOWN) Santa Rosa  
(STATE OR COUNTRY) Missouri

17. INFORMANT Hobart Collier  
(ADDRESS) 1302 Penn.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hopewell Cemetery, DATE 7-5-37

19. UNDERTAKER Hobart Collier  
(ADDRESS) 1302 Penn.

20. FILED 7-5-37 St. Joseph, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1937

22. I HEREBY CERTIFY, that I attended deceased from July 4, 1937, to July 5, 1937. I last saw him alive on July 4, 1937. Death is said to have occurred on the date stated above, at 12:30 a. m.

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

Premature  
6 mos.

Other contributory causes of importance: 159  
Premature rupture  
leg. of wats.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) N. S. Soward, M. D.  
(Address) St. Joseph 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.

