

REC'D JAN 20 1939

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

43716

Do not use this space.

## 1. PLACE OF DEATH

(a) County Macon Registration District No. 526  
 (b) Township Leola Primary Registration District No. 4312 Registered No. ....  
 (c) City Atlanta, Mo. (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Ann Collins

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 9 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. retired  
 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) Macon Mo13. NAME Wm. H. Wiggans14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind15. MAIDEN NAME Jane Russell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) John Wiggans  
Atlanta Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 12-14-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Embroiding  
Atlanta Mo20. FILED 12/25 1938 Orth McNeely  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 13 193822. I HEREBY CERTIFY That I attended deceased from Nov 12, 1938, to Dec 13, 1938

I last saw him alive on Dec 30, 1938 Death is said to have occurred on the date stated above, at 6 P.M.

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

Valvular Disease of Heart

Date of onset

Other contributory causes of importance: stenosis

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) H. G. Ryan, M. D.461 (Address) Atlanta Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38903

Date Filed 1/11/37

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me,

H. M. Gooding, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

H. M. Gooding  
Licensed Embalmer No. 1750

P. O. Address Atlanta Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.