DEC 18 1939

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

40167
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston Registration District No. 508
(b) Township Primary Registration District No. 3026 Registered No. 144
(c) City Chillicothe (d) Street No. Chillicothe Hospital 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 68 yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 452 Ida Collins
(a) Residence, No. 217-Third St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Color
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ✓ HUSBAND OF (OR) WIFE OF: Gordon Charles Collins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April-28-1871
7. AGE: Years 68 Months 6 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as 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): Chillicothe Missouri

FATHER
13. NAME: James Burton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard County Missouri

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): James Burton 217 Third St.
18. BURIAL, CREMATION, OR REMOVAL PLACE South Cem. DATE Nov. 26-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): F. A. Meinershagen Chillicothe, Mo.
20. FILED 11-25, 1939 H M Grace, MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1939, to Nov 23, 1939
I last saw her alive on Nov 23, 1939 Death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:
apoplexy
Date of onset
Other contributory causes of importance:
arteriosclerosis & Hypertension
Name of operation ..... Date of .....
What test confirmed diagnosis? X Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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 X
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. J. Brennan M. D.
(Address) Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Officer No. 11
Branch File Number 1239-1669
Date Filed DEC 9 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, self Elmer Thomas, or by

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

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe Mo
910 Washington St.

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

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