

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.

SEP 26 1934

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

Do not use this space.

27098

1. PLACE OF DEATH
89 County Way Registration District No. 744
6 Township Richmond Primary Registration District No. 3035
4 City Richmond (No.) St. Ward

2. FULL NAME Mrs Margaret M. Collins
(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 Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8th 1856
7. AGE YEARS 76 MONTHS 0 DAYS 23 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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 Henry Lane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Margaret Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT Mrs Ted Brockman (ADDRESS) Richmond mo. R.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashbury, Mo DATE 8-2-1932
19. UNDERTAKER G. W. Mansur (ADDRESS) Richmond, Mo.
20. FILED 9-9-32 E. E. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1932
22. I HEREBY CERTIFY: That I attended deceased from July 20th 1932 to August 2nd 1932
I last saw him or alive on August 1st 1932 Death is said to have occurred on the date stated above, at 2:25 P. M.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
Other contributory causes of importance: None
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. J. Smith M. D.
(Address) Henrietta, Missouri

