

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

Do not use this space.

DEC'D FEB 25 1939

1. PLACE OF DEATH
 County: Pettis Registration District No. 668
 Township: Sedalia Primary Registration District No. 3032
 City: Sedalia (No. 452)
 2. FULL NAME Ella McDonald Collins
 (a) Residence, No. 400 W. 4 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 3446
 Registered No. 26
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Collins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 10
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) St. Louis, Mo.
 MOTHER FATHER
 13. NAME William J. McDonald
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Margaret Payne
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT Mrs. Will Mullins
 (ADDRESS) Sedalia, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE Jan 30, 1939
 19. UNDERTAKER Mrs. Laughlin Bies
 (ADDRESS) Sedalia
 20. FILED Jan 30, 1939 Mrs. Harry Sneed
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1939
 2. I HEREBY CERTIFY That I attended deceased from Jan 26, 1939 to Jan 27, 1939
 I last saw her alive on Jan 27, 1939. 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:
Diabetes mellitus Date of onset _____
In coma
diabetic for years
up when she started to
insulin
 Other contributory causes of importance:
arterio-sclerosis general
diast
78
 Name of operation None Date of _____
 What test confirmed diagnosis? Path. & Chem. autopsy No
 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.
NO injury
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) B. J. Trade
 (Address) Sedalia, 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.

80
4
4

2

Trade

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/9/39