MAR 26 1928

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

Do not use this space.

6208

File No.
Registered No. 4

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: Webster Groves (No. Bethesda Hosp. St. Ward)
Registration District No. 785
Primary Registration District No. 6248

2. FULL NAME: Amanda Aby Collison

(a) Residence. No. St., Ward. Walnut Ridge Ark
(Usual place of abode) (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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan-16-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Unknown Ferris
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Unknown Hyatt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Fred T. Beard
(Address) 319 Stark St. Webster Groves

15. FILED: 3/10, 1928 C. E. Burnett, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 28- 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-15, 1928, to 2-28, 1928, that I last saw her alive on 2-28, 1928, and that death occurred, on the date stated above, at 10.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ca of uterus
Arteriosclerosis
46 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) yrs. 1 mo. 13 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) H. C. Durham M.D.
2/2, 1928 (Address) 2046 Big Bend Rd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ironton Mo.
DATE OF BURIAL: 2/29 1928

20. UNDERTAKER: Geo Ambrister Jr and Co 4234
ADDRESS: Manchester

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.