

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

Do not use this space.

28766

1. PLACE OF DEATH

County Cooper

Registration District No. 218

Township Boonville

Primary Registration District No. 3015

City Boonville (No.)

St. Ward)

2. FULL NAME

(a) Residence No. Joe Collins St., Ward.

(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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. about 67

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labarr

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) Boonville Mo

13. NAME Melfard Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Melfard Collins (ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary Home DATE Aug 9 1934

19. UNDERTAKER Goodman & Belle (ADDRESS) Boonville Mo

20. FILED 8/8 1934 W. B. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 1934, to Aug 7 1934. I last saw him alive on Aug 7 1934. Death is said to have occurred on the date stated above, at 4:00 m.

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

Dysentery (acute) Date of onset

Other contributory causes of importance: Heat

Name of operation none Date of

What test confirmed diagnosis? Chin Was there an autopsy? no

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? no

If so, specify Ja Russell (Signed) M. D.

(Address) Boonville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 14 1934

