

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

Do not use this space.

15260

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City Kansas City (No. 1319 Michigan) St. 2124 Ward 2

2. FULL NAME Aaron Collins  
 (a) Residence No. 1319 Michigan Ward 2  
 (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 M 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 6, 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
27 2 16 — — —

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/22 1927  
 17. I HEREBY CERTIFY, That I attended deceased from May 20, 1927, to May 21, 1927, (that I last saw him alive on May 21, 1927, and that death occurred, on the date stated above, at 12:30 A.M.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Metal Insufficiency  
900w (duration) yrs. mos. ds.  
 CONTRIBUTOR (SECONDARY) [Signature] (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Oklahoma  
 (STATE OR COUNTRY)

10. NAME OF FATHER R. D. Collins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Corinne Douglas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.  
 (STATE OR COUNTRY)

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? Physician's findings  
 (Signed) Dr. Williams, M. D.  
1723, 1927 (Address) 1401 Michigan Ave

\*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.

14. INFORMANT Corinne Corbeaux  
 (Address) 1319 Michigan

15. May 24, 27 M. M. Gfow  
 Filed 19 27 27 REGISTRAR Asst.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland DATE OF BURIAL 5/24 1927  
 20. UNDERTAKER Starkins Bros ADDRESS 1729 Lydia

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.

J. H. Williams 14th Michigan.