1928

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

Do not use this space.

File No. 20583 (B)

Registered No. 26

**1. PLACE OF DEATH**

County: Barry

Township: Flatcreek

City: Cassville (No. ..... St. ..... Ward)

Registration District No. 29

Primary Registration District No. 5038

**2. FULL NAME** William R. Collins

(a) Residence. No. ..... 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 27- 1840

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 87 | 3 | 28 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Lawrence Co. Mo.

PARENTS

10. NAME OF FATHER Aosolum Collins

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

12. MAIDEN NAME OF MOTHER .....

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

14. INFORMANT Len Collins
(Address) Cassville Mo.

15. FILED Dec 1 19 27 Mrs H. R. Williams Deputy REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1927

17. I HEREBY CERTIFY, That I attended deceased from 1-25-27 1-23- 1927, to July 24 1927, that I last saw h. alive on July 25 1927, and that death occurred, on the date stated above, at 9 5. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no. DATE OF? no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. W. M. West, M. D

, 19 (Address) Monett Mo.

*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 | DATE OF BURIAL |
|---|---|
| Carney Cemetery | 7-27-27 19 |
| **20. UNDERTAKER** | **ADDRESS** |
| Horine Funeral Service | Cassville 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.

JAN 3

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### CERTIFICATE OF DEATH

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.

County: Barry — Registration District No.: 29 — File No.:

Township: Flat Creek — Primary Registration District No.: 5038 — Registered No.: 20

City: (No. , St. Ward)

2. FULL NAME: William A. Collins

(a) Residence. No. 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.

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

14. INFORMANT
(Address)

15. FILED Jan 1 19 28 Mrs H. R. Williams Dpt. REGISTRAR

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CONTRIBUTORY (SECONDARY)

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SUPPLEMENTARY

20583b