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.

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

Do not use this space.

25477

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7059

City St Louis (No. City Hospital St. ..... Ward)

2. FULL NAME Martin P Collins

(a) Residence. No. 4922 Harney 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth R Collins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unkn 1863

7. AGE: abt. YEARS 59 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Richard Collins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Anastasia Hockett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs Elizabeth R Collins
(Address) 4922 Harney a

15. FILED AUG -4 1927, 19.. Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 2nd 1927

17. I HEREBY CERTIFY, That I attended deceased from August first, 1927, to Aug. 2, 1927, that I last saw him alive on Aug. 2, 1927, and that death occurred, on the date stated above, at 6 15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Broncho-pneumonia
124B
107A (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Atrophic Cirrhosis
Liver Non Alcoholic (duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1/2 2 B1

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Roland R. Menown, M. D.

8/3, 1927 (Address) 5330 Geraldine Av

O.K. H.W. Hatch Dep. C

*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: Calvary
DATE OF BURIAL: 8-5 1927

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

Dr Menard

5330 Geraldine