

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

Do not use this space.

22288

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. City Hospital #2)

File No.....  
Registered No. 6471  
St..... Ward)

**2. FULL NAME**

*Leon Collins*

(a) Residence. No. 17 S. 22<sup>nd</sup> St. St. 22<sup>nd</sup> 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**

*Col*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

*Single*

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

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

*Unknown*

**7. AGE**

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

*abt 28*

**8. OCCUPATION OF DECEASED**

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

*Cooks 169*

(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)

*Mississippi*

**PARENTS**

**10. NAME OF FATHER**

*Unknown*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14.**

INFORMANT (Address)

*J. W. Kerner  
Coroner's Office*

**15.**

FILED JUN 19 1924

*Max C. Stankin*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 12 1928*

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 5:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Shock to Brain  
(Fractured Skull)  
jumping from Window*

**CONTRIBUTORY (SECONDARY)**

*Suicide*

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH. DATE OF.....

WAS THERE AN AUTOPSY? *yes*

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) *J. W. Kerner, M.D.*  
6/19/28 (Address) *Dep. Coroner*

\*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

*Potters Field*

*6/19 1928*

**20. UNDERTAKER**

ADDRESS

*Sato*

*7. 1928*

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.

