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

Do not use this space.

391

1. PLACE OF DEATH
County Butler
Township Coon Island
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 88
Primary Registration District No. 6268
File No. .....
Registered No. 2

2. FULL NAME Otto Dollins
(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: Male
4. COLOR OR RACE: White
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) March 7- 1919

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
9	10	13	

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

9. BIRTHPLACE (CITY OR TOWN) Neelyville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Roscoe Dollins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Estella McKinley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY) Arkansas

14. INFORMANT Roscoe Dollins.
(Address) Neelyville, Mo.

15. FILED 1-21, 1929 R. L. Turner. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 20 1929

17. I HEREBY CERTIFY, That I attended deceased from January 18, 1929, to January 19, 1929, that I last saw him alive on January 19, 1929, and that death occurred, on the date stated above, at 6 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
This Child was seriously wounded was Kicked by a Mule.

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

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. B. Davis, M. D
1-23, 1929 (Address) Neelyville 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: Roberts Cemetery
DATE OF BURIAL: Jan. 21 1929

20. UNDERTAKER: Frank Undt Co.
ADDRESS: Poplar, Bluff, 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.

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