L 25 1929

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

Do not use this space. Dilzell

21183

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2004 — Registered No.
City Springfield (No. 914 N. Glenstone St. Ward)

2. FULL NAME Rodell H. Collins
(a) Residence. No. 914 N. Glenstone 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.

39
6
5

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 Collins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16-1871

7. AGE Years 57 Months 6 Days 16 If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER Robert Collins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elna Rich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT Elizabeth Collins
(Address) Springfield, Mo.

15. FILED 6-3, 1929 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1928, to June 2, 1929 that I last saw him alive on June 2, 1929, and that death occurred, on the date stated above, at 1 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
MBF
(duration) yrs. 7 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 44B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? MO
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 7/29
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [illegible] M. D
6-3, 1929 (Address) Springfield 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 Hazlewood Cemetery — DATE OF BURIAL June 4 1929

20. UNDERTAKER J. W. Klingner & Co — ADDRESS 424 E. Coml Springfield, 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.

157
2
15
2

430