

3 18 1930

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

Do not use this space.

1530

1. PLACE OF DEATH

County Jackson  
Township Brookings  
City Brookings

Registration District No. 403  
Primary Registration District No. 4238

File No. 1530  
Registered No. 1  
St. Mo. Ward 1

2. FULL NAME

Alford John Collings  
(a) Residence. No. 8 St. 22 Ward 1  
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 22 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 Lera Herford Collings

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 - 1863

7. AGE YEARS 66 MONTHS 8 DAYS 22 If LESS than 1 day, hrs. or min.

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) Dak. County  
(STATE OR COUNTRY) Neb.

10. NAME OF FATHER William Heller Collings  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Briston  
(STATE OR COUNTRY) England  
12. MAIDEN NAME OF MOTHER Anni Yeatis  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Briston  
(STATE OR COUNTRY) England

14. INFORMANT E. J. Collings  
(Address) Holliday Kansas

15. FILED 1-4, 1930 W. W. Hobbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1929, to Jan. 1, 1930, that I last saw him alive on Jan. 1, 1930, and that death occurred, on the date stated above, at 5:00 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchitis Pneumonia Bilateral  
107A  
106B

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis

(duration) 6 yrs. mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? at place of death  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) Arthur D. Hobbs M. D.

Jan 3, 1930 (Address) 3321 E 30th - Kansas City 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 Brookings Cem. DATE OF BURIAL Jan. 4 1930

20. UNDERTAKER Ott + Mitchell ADDRESS Indep.

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.

