

MAP 27 1930

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

Do not use this space.

4796

File No. 13
Registered No.
St. Ward

1. PLACE OF DEATH

County Howell Registration District No. 384
Township Primary Registration District No. 4227
City West Plains, (No.) (Ward)

2. FULL NAME George A. Collins,

(a) Residence. No. West Plains, st. Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Emma Collins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 71 1 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mail Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) Carrying mail on star route
(c) Name of employer U.S. Postal Dept.

9. BIRTHPLACE (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

10. NAME OF FATHER George Collins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha May

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

14. INFORMANT A. J. McCleary
(Address) West Plains, Mo.

15. FILED 27 1930 O.P. Heinrich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4th, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4th, 1930 to Feb. 4th, 1930.
that I last saw im alive on Feb. 4th, 1930 and that death occurred, on the date stated above, at 8:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Chronic.

93C

(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) MI
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) A. H. Thornburgh, M. D.
2/5/30 (Address) West Plains, 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 Union Grove Cemetery, DATE OF BURIAL 5/6/30 19

20. UNDERTAKER Mat Riley Acting ADDRESS West Plains, Mo.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the data is as accurate and reliable as possible.

The third section provides a comprehensive overview of the results obtained from the analysis. It highlights key trends and patterns that have emerged from the data. These findings are crucial for understanding the underlying dynamics of the system being studied.

Finally, the document concludes with a series of recommendations based on the findings. These suggestions are intended to help improve the efficiency and accuracy of the data collection and analysis process in the future.

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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Howell Registration District No. 384 File No. 13
 Township West Plains Primary Registration District No. 4224 Registered No. _____
 City West Plains (No. _____) St. _____ Ward _____

2. FULL NAME

George A. Collins
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X 82 X 1 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ (duration) yrs. mos. ds.
 (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) _____

10. NAME OF FATHER _____

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) _____

15. FILED 2-7-1930 O.P.A. Hennich
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ (that I last saw h. _____ alive on) _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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) _____, M. D.
 _____, 19____ (Address)

*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 _____

20. UNDERTAKER _____ ADDRESS _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

96LH-5