

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

Do not use this space.

8439

1. PLACE OF DEATH

County Grundy Registration District No. 331
 Township Jefferson Primary Registration District No. 5461
 City Jefferson (No. 331) St. Philadelphia Ward 1

2. FULL NAME

(a) Residence. No. 100 St. Philadelphia Ward 1
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U.S., if of foreign birth? yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE YEARS <u>57</u>	MONTHS	DAYS
IF LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
<u>Shovel Ferrman</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1930

17. I HEREBY CERTIFY, That I attended deceased from not at all, 19..... to 19....., that I last saw h. never on 19....., and that death occurred, on the date stated above, at about 10 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Explosion of dynamite while blasting for new OR & P Ry.
1948 (duration) Instant yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) None known (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRAICTED 209
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF 21
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Post mortem examination
 (Signed) DR. Rogers Coroner M. D.
3/21 1930 (Address) Trenton 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 <u>Masonic Cem</u>	DATE OF BURIAL <u>Mar 23 1930</u>
20. UNDERTAKER <u>W. H. Johnson</u>	ADDRESS <u>Jandepnt</u>

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 None
 (Address)

15. FILED 3/23 1930 J. G. Hook
 REGISTRAR

R. 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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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.
 County Jefferson Registration District No. 331 File No. _____
 Township Jefferson Primary Registration District No. 3461 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Wm Collins
 (a) Residence. No. _____ St. _____ Ward Philadelphia Pa.
 (Usual place of abode) (If nonresident give city of town and State)
 Length of residence in city or town where death occurred yrs. 1 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) 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 DAYS If LESS than 1 day, _____ hrs. or _____ min. 50 Unknown
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Shovel for man
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/20 1930
 17. I HEREBY CERTIFY, That I attended deceased from _____ 19____
 that I last saw _____ at _____ 19____, and that death occurred, on the date stated above, at _____ at _____ P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Explosion of dynamite while blasting for new C & D P. W.
 CONTRIBUTORY None known (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown
 10. NAME OF FATHER _____
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER _____
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem Examination
 (Signed) A. R. Rooks _____, M. D.
 _____, 19____ (Address) Trenton mo

INFORMANT None
 (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 Masonic Cem DATE OF BURIAL Mar 23 1930
 20. UNDERTAKER H. Roberson ADDRESS Jamesport

15. FILED 65-207 E. Habbo REGISTRAR

SUPPLEMENTARY

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