JUL 25 1930

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

Do not use this space.

18436

1. PLACE OF DEATH
County Wayne Registration District No. 890 File No.
Township St Francis Primary Registration District No. 6188 Registered No.
City (No. , St. Ward)

2. FULL NAME Carl Collins
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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~~ Minnie Collins

X 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30-1906

X 7. AGE 23 YEARS 11 MONTHS DAYS ✓ 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) Wayne Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER George Collins
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Wayne Co Mo
X 12. MAIDEN NAME OF MOTHER Lorene Stephens
X 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

14. INFORMANT Richard Lipton
(Address) Greenville Mo.

15. FILED 5-28 1930 A. E. Templeton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1930

17. I HEREBY CERTIFY, That I attended deceased from March, 1930 to May 28, 1930 that I last saw him alive on May 25, 1930, and that death occurred, on the date stated above, at 12 midnight.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
2.3A
(duration) 3 yrs. mos. ds.

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

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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?
(Signed) Geo F Wagner, M. D
5-29, 1930 (Address) Greenville 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 Bounds Creek Cem
DATE OF BURIAL 5-29- 1930
20. UNDERTAKER None
ADDRESS

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.