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

Do not use this space.

1. PLACE OF DEATH U.S.V.Hospital. 399

County Jackson — Registration District No. 1002 — File No. 29857 3662

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME COLLINS, Edward Hiram C-479 860 WOE

(a) Residence. No. 515 Highland St., Ward Mech. Co A 140th Inf.
(Usual place of abode) Lexington, Missouri. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
MALE	WHITE	DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	43	3	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Coal Miner
(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) Missouri

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

14. INFORMANT Hospital Records.
(Address) U S Veterans Hosp KC Mo

15. FILED 9-6 1930 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 6 1930

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1930, to Sept. 6, 1930 that I last saw him alive on Sept. 6, 1930, and that death occurred, on the date stated above, at 12:47 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease, Mitral Insufficiency
92 A

(duration) 1 or more yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam. & X-ray

9/6/30 (Signed) W. E. Chambers M. D.
W.E.CHAMBERS, Medical Officer in Charge
U.S.V.Hosp. 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 Lexington Mo. — DATE OF BURIAL 9/8 1930

20. UNDERTAKER Ernest Fegert — ADDRESS Lexington 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.