

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

Do not use this space.

30028

1. PLACE OF DEATH

County Jackson
Township Flaw
City Manassas (No. General Hospital)

Registration District No. 1002
Primary Registration District No. _____

File No. _____
Registered No. 3834 (Ward)

2. FULL NAME

Luke Collins
(a) Residence. No. 13 19 Vine St., 2 Ward.

Length of residence in city or town where death occurred 10 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12 - 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>48</u>	<u>-</u>	<u>4</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Book Smith
(b) General nature of industry, business, or establishment in which employed (or employer) repairing books
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) Manassas
(STATE OR COUNTRY) Kansas.

10. NAME OF FATHER George Quinn

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

12. MAIDEN NAME OF MOTHER Annie Williams

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

14. INFORMANT Raybel Collins
(Address) 13 19 Vine St.

15. FILED 9/19/30 M M Crowl REGISTRAR
Post

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-16-30

17. Deputy Coroner
HEREBY CERTIFY, That I attended deceased from Sept 16, 1930 to Sept 16, 1930 that I last saw him live on Sept 16, 1930 and that death occurred, on the date stated above, at 6:12 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart
92A
75B

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

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy
(Signed) to be made M. D.
(Address) Deputy Coroner

*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 Blue Ridge DATE OF BURIAL Sept 16, 1930

20. UNDERTAKER Adairs Bros. ADDRESS 2000 E. 12

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

