

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

Do not use this space.

1. PLACE OF DEATH

County Demiseot

Registration District No. 655

Township _____

Primary Registration District No. 4397

City Steele (No. _____)

File No. 40304-A

Registered No. _____

St. _____ Ward _____

2. FULL NAME

John Lee Rollins Jr.

(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. 3 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

m

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Infant

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-10-1930

17. I HEREBY CERTIFY, That I attended deceased from an 12-2-1930 **to** _____ **19** _____ **19** _____ **that I last saw him alive on** 11-11-1930 **and that death occurred, on the date stated above, at** _____ **m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Indigestion
1180
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

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

11

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

7-9-1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

0

5

6

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 _____

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

Steele
mo

PARENTS

10. NAME OF FATHER

John Lee Rollins

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

Jackson
Miss

12. MAIDEN NAME OF MOTHER

Emima L. Johnson

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

Dyersburg
Tenn

14. INFORMANT (Address)

John Lee Rollins
Steele mo

15. FILED

11-31 Max P. Kelly
REGISTRAR

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF

no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. D. [Signature] M. D.

, 19 1930 (Address) Steele 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

DATE OF BURIAL

Hobby grove cem

12-11-1930

20. UNDERTAKER

ADDRESS

[Signature]
Steele mo

JUN 27 1931

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

