

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

Do not use this space.

3109

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 1781  
Primary Registration District No. 7030  
City *North St. #*

File No.....  
Registered No. 850  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St., 23. Ward. Clayton Mo.  
(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 4-1948</i>				
7. AGE	YEARS <i>3</i>	MONTHS <i>9</i>	DAYS <i>14</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Child</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>				
FATHER	13. NAME <i>William Collins</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Indiana</i>			
MOTHER	15. MAIDEN NAME <i>Bethel Oats</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Michigan</i>			
17. INFORMANT (ADDRESS) <i>Wm Collins Clayton Mo</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Matthews</i> DATE <i>1/26</i> 19 <i>33</i>				
19. UNDERTAKER (ADDRESS) <i>Trayburn Buss 2601 Olive St</i>				
20. FILED <i>1/26/33</i> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-18-33* 19

22. I HEREBY CERTIFY, That I attended deceased from *No Physician in Attendance* 19... to 19...

I last saw h..... alive on..... 19... Death is said to have occurred on the date stated above, at *10:15 P.* m.

The principal cause of death and related causes of importance were as follows:

*Acute Simple Meningitis*

*Cause Unknown*

Other contributory causes of importance: *79A*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19... Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify *J. W. Kerner* (Signed) *Reg. Corcoran* (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.

