

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

Do not use this space **1797**

4797
584

1. PLACE OF DEATH

County Jackson

Registration District No. **399**

Township Jean

Primary Registration District No. **1003**

City Kansas City (No. Kansas City Gen Hosp)

File No.

Registered No.

St. Ward

2. FULL NAME Warren Collins

(a) Residence, No. 708 Cherry St. 1 Ward.

(Usual place of abode)

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>30</u>	<u>7</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 331

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) Jawa 2

13. NAME Leot Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa

15. MAIDEN NAME May Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Misc

17. INFORMANT Reena Clark (ADDRESS) 12 C. Gen Hosp Kansas Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE 2-12-32

19. UNDERTAKER Lafetina (ADDRESS) 46 mo

20. FILED 2/13 1932 M. M. Crave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-3-1932 to 2-11-1932

I last saw him alive on 2-11-1932 Death is said to have occurred on the date stated above, at 11:20 P.M.

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

Pulmonary Tuberculosis Date of onset: 2-3-32

Other contributory causes of importance:

manic depressive psychosis

Name of operation none 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

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 P. E. Williams M. D.

(Address) St. Joseph Gen Hosp Kansas Mo

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.

