

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

Do not use this space.

15739

1. PLACE OF DEATH

93 County Dent
Township Short Bend
City (No., St. Ward)

Registration District No. 266
Primary Registration District No. 5-377

File No.
Registered No. 29
St. Ward)

2. FULL NAME Abxalon Fleming Collins

(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. 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 (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 10

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

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) Mad Co Ky

MOTHER 13. NAME T. G Collins

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fleming Co Ky

MOTHER 15. MAIDEN NAME Martha Jean Crawford

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Richard Collins (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE into Cem. DATE 5/9/32

19. UNDERTAKER Carl Spencer (ADDRESS) Salem Mo

20. FILED 579 1932 H. C. Ridd, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8/32 .1932

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1932 to May -1-, 1932. I last saw him alive on May -1-, 1932. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

a new system of the ash (prostap)
96 9/6 617 1

Other contributory causes of importance: antiosclerosis, antiosclerosis

8 Name of operation Date of What test confirmed diagnosis: Usual signs 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 of H. Spencer (Signed) Salem Mo, M. D. (Address)

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.

MIN 2 2 1932

