

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

Do not use this space.

18613

1. PLACE OF DEATH

4- County Audrain
5- Township.....
2- City Kendalia (No.....)

Registration District No. 912
Primary Registration District No. 4550

File No.....
Registered No. 20
St..... Ward.....

2. FULL NAME Raymond Lee Collins

(a) Residence, No. 1 St.,..... Ward.....
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Boy</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 9 1931</u>		
7. AGE YEARS	MONTHS <u>9</u>	DAYS <u>17</u> If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	11. Total time (years) spent in this occupation
	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).....	

12. BIRTHPLACE (CITY OR TOWN) Kendalia (STATE OR COUNTRY) 1

FATHER
13. NAME Harry Edward Collins
14. BIRTHPLACE (CITY OR TOWN) Raytown Ill. (STATE OR COUNTRY) 2

MOTHER
15. MAIDEN NAME Long
16. BIRTHPLACE (CITY OR TOWN) Barter County Mo. (STATE OR COUNTRY)

17. INFORMANT H. E. Collins (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kendalia DATE June 27 1932

19. UNDERTAKER W. S. Water's (ADDRESS)

20. FILED 6/27 1932 Carrie F. Utterback Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28 1932, to June 26 1932. I last saw her alive on June 20 1932. Death is said to have occurred on the date stated above, at 2 P. m.

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

Whooping cough Date of onset June 10
Bronchitis Pneumonia June 21

Other contributory causes of importance: 9 10 1932

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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? no
If so, specify.....

(Signed) D. G. Matthews, M. D.
(Address) Kendalia, Mo.

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.

JUL 21 1932

