

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.

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

Do not use this space.

23254

1. PLACE OF DEATH

5-4-County Lafayette
3-Township Davis
4-City Higginsville, Mo. (No. _____)

Registration District No. 460
Primary Registration District No. 4274

File No. _____
Registered No. 47
St. _____ Ward _____

2. FULL NAME John Lindsey 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14th 1905

7. AGE YEARS 26 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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. 237
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Tebbets, Mo. (STATE OR COUNTRY) 1

13. NAME J. B. Collins

14. BIRTHPLACE (CITY OR TOWN) Liberty, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Edna Lindsey

16. BIRTHPLACE (CITY OR TOWN) Clay County, Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Collins Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barry, Mo. DATE 7/4/32 19

19. UNDERTAKER (ADDRESS) Higginsville, Mo.

20. FILED 7-4-32 Dr W A Braacklin Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 2, 1932
I last saw him alive on July 2, 1932 Death is said to have occurred on the date stated above, at 7 P. M.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis Date of onset _____

275
130 170

Other contributory causes of importance: Tuberculosis left knee joint

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. 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? Yes
If so, specify _____
(Signed) Parson Davis M. D.
(Address) Higginsville, Mo.

