

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

Do not use this space.

41233

1. PLACE OF DEATH
 88 County Randolph Registration District No. 736
 Township Marion Primary Registration District No. 5964
 City (No. _____) St. _____ Ward _____

2. FULL NAME Jefferson W. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22nd 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>9</u>	<u>15</u>	

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) Mo

13. NAME Jefferson W. Collins

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Walhee Collins
(ADDRESS) Mobile Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mobile Mo DATE Dec 8th 1932

19. UNDERTAKER (ADDRESS) Matigan and Son Mobile Mo

20. FILED Dec 8th 1932 J. E. Lingell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th 1932

22. I HEREBY CERTIFY, that I attended deceased from Oct 16 1932 to Dec 7th 1932
 I last saw him alive on Dec 7th 1932, 1932 Death is said to have occurred on the date stated above, at 8:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Valvular disease of the heart Date of onset _____

Other contributory causes of importance: 97A 97B W 1

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 _____
 (Signed) N. O. Hawthinson, M. D.
 (Address) Randolph 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.

