

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.

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

Do not use this space.

1. PLACE OF DEATH
34 County Douglas Registration District No. 95-7 File No. 853
Township Jackson Primary Registration District No. 5392 Registered No. _____
City Quincy (No. _____) St. _____ Ward _____

2. FULL NAME Charles F. J. Collins
(a) Residence, No. Blanche Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Rosa Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/27/1892

7. AGE YEARS 40 MONTHS 8 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Howell Co. (STATE OR COUNTRY) _____

FATHER 13. NAME Aaron Collins

14. BIRTHPLACE (CITY OR TOWN) Howell Co. (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Nellie Collins

16. BIRTHPLACE (CITY OR TOWN) Howell Co. (STATE OR COUNTRY) _____

17. INFORMANT Rosa Collins (ADDRESS) Blanche Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hurst Cemetery DATE Jan. 6 1933

19. UNDERTAKER C. V. Chinking (ADDRESS) beard

20. FILED 1-26 1933 Earnest Collins Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1933 to Jan 4 1933
Last saw him alive on Jan 4 1933. Death is said to have occurred on the date stated above, at 4:30 pm.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
108
108
Other contributory causes of importance:
myocardial failure

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 _____, 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) M. C. Gentry, M. D.
(Address) Ava 1 mo.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/10/00 BY 60322 UCBAW/STP/STP

2. The second part of the document describes the various methods used to collect and analyze the data. It includes a detailed explanation of the sampling process, which involves selecting a representative subset of the population for study. The document also discusses the use of statistical techniques to analyze the data and draw conclusions from the results.

3. The third part of the document provides a summary of the findings of the study. It includes a table of the results, which shows the distribution of the data across different categories. The document also discusses the implications of the findings and provides recommendations for future research.

4. The fourth part of the document contains a list of references to the sources used in the study. This includes books, articles, and other documents that provide background information on the topic. The document also includes a list of acknowledgments, which thanks the individuals and organizations that provided support and assistance during the study.

5. The fifth part of the document is a conclusion that summarizes the main points of the study. It reiterates the importance of accurate records and the need for regular audits and reviews. The document also provides a final statement on the findings and the recommendations for future research.