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

Do not use this space.

File No. 853

Registered No.

1. PLACE OF DEATH
County Douglas
Township Jackson
City Ava (No. , St. Ward)

Registration District No. 95-7
Primary Registration District No. 3392

2. FULL NAME Charles F. J. Collins
(a) Residence, No. Blanche Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	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	MONTHS	DAYS	If LESS than 1 day, ..hrs. or ..min.
	40	8	7	

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) (STATE OR COUNTRY) Howell Co.

FATHER
13. NAME Aaron Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co.

MOTHER
15. MAIDEN NAME Nellie Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co.

17. INFORMANT Rosa Collins
(ADDRESS) Blanche Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hurst Cemetery DATE Jan. 6 19 33

19. UNDERTAKER C. V. Clinkingbeard
(ADDRESS)

20. FILED 1-26 19 33 Earnest Collins
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 19 33, to Jan 4 19 33
last saw h.. alive on Jan 4 30 19 33. Death is said to have occurred on the date stated above, at 4 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
(a)	
(b)	
(c)	
(d)	

Other contributory causes of importance:
Myocardial Failure

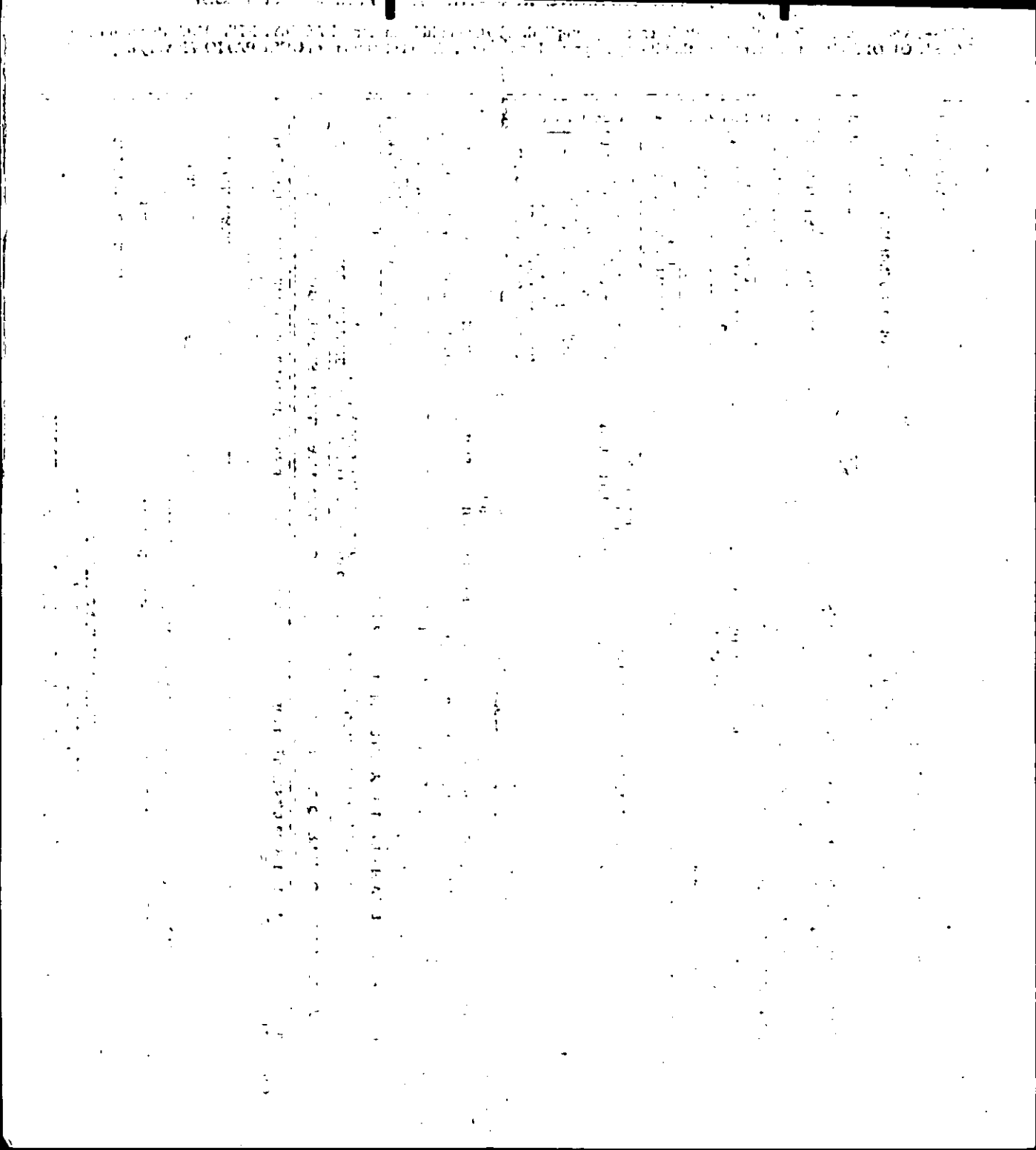
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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 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.

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