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

Do not use this space.

9751

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1355
Township Kaw — Primary Registration District No. 1002 — Registered No. P. Dr. Dr.
City Kansas City (No. K.C. General Hosp. St. ..... Ward)

2. FULL NAME Collins James
(a) Residence, No. 1502 Kensington St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6
7. AGE YEARS 51 MONTHS 7 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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.

FATHER
13. NAME W. M. Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Lydia Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Record Clerk K.C. General Hosp.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds DATE 3-23-33
19. UNDERTAKER (ADDRESS) Quirk & Tobin
20. FILED 3-22 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11, 1933
22. I HEREBY CERTIFY, That I attended deceased from 3-10 1933, to 3-11, 1933
I last saw him alive on 3-11, 1933 Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
107A 107A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) J. H. Jennett, M. D.
(Address) Supt. K.C. Gen. Hosp. KC Mo
3-12-33

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Jackson — Registration District No. ____ — File No. ____

Township: Kansas — Primary Registration District No. ____ — Registered No. 1355

City ____ (No. ____, ____ St. ____ Ward)

2. FULL NAME Collins — James

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8, 1881

7. AGE: Years 51 — Months 8 — Days 5 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
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)

FATHER

13. NAME ____
14. BIRTHPLACE (CITY OR TOWN) ____ (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME ____
16. BIRTHPLACE (CITY OR TOWN) ____ (STATE OR COUNTRY)

17. INFORMANT ____ (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ____ DATE ____ 19____

19. UNDERTAKER ____ (ADDRESS)

20. FILED 3/22 1933 M. M. Crowe
Acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, to ____, 19____

I last saw h____ alive on ____, 19____ Death is said to have occurred on the date stated above, at ____ m.

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

	Date of onset

Other contributory causes of importance:

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) ____, M. D.

(Address) ____

SUPPLEMENTARY

S-9751