

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.

35646

1. PLACE OF DEATH

County Rollinger

Registration District No. 67

Township Lebanon

Primary Registration District No. 3704

City Lebanon (No. 1)

File No. 33

Registered No. 33

St. Mo. Ward 1

2. FULL NAME

Floyd Dale Collins

(a) Residence, No. 1 St. Mo. Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 7 ds. 11 How long in U. S., if of foreign birth? yrs. 5 mos. 7 ds. 11

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don of Henderson Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-19-33

7. AGE YEARS 5 MONTHS 7 DAYS 11 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) 11-19-33

11. Total time (years) spent in this occupation 5

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Rollinger Co. Mo. (STATE OR COUNTRY)

13. NAME Henderson Collins

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

15. MAIDEN NAME Hallie Roberts

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

17. INFORMANT C. M. Shelton, Holcomb, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Scholar's DATE 11-20-33

19. UNDERTAKER Floyd S. Morgan (ADDRESS) Advance

20. FILED Nov. 25, 1933 C. A. Sanders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-33

22. I HEREBY CERTIFY, That I attended deceased from 11-19-33 to 11-19-33

I last saw him alive on 11-19-33 Death is said

to have occurred on the date stated above, at 11-19-33 m.

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

Cause of death = Killed by milk in right side Date of onset 11-19-33

Other contributory causes of importance: 188

Name of operation 188 Date of 188

What test confirmed diagnosis? 188 Was there an autopsy? 188

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 188 Date of injury 188

Where did injury occur? 188

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 188

Nature of injury 188

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 188

(Signed) J. A. VanLumbergh, Cor.

(Address) Lebanon, Mo.

Marble Hill, Mo.

Jan 10.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dallenger
Township Liberty
City Flavel Dale Collins (No. 67104)

Registration District No. 67104
Primary Registration District No. 5104

File No. 52
Registered No. 52
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-8-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5-7-11

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19 Mr. G. A. Sander Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7-1933

22. I HEREBY CERTIFY, That I attended deceased from to , 1933

I last saw h. alive on , 1933. 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 , 1933

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)

5-35464