MAR 24 1934

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

Do not use this space.

File No. 5193

Registered No. 919

1. PLACE OF DEATH
County Jackson — Registration District No. 899
Township — Primary Registration District No. 100
City Kansas City (No. 2614 Agnes St. Ward)

2. FULL NAME Wm J. Collins
(a) Residence, No. 2614 Agnes 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE — YEARS: aged 59 — MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Business
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): Ocean Ohio

FATHER
13. NAME: John Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Martin Town N. J.

MOTHER
15. MAIDEN NAME: Hanna Abney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glens Falls N.Y.

17. INFORMANT (ADDRESS): Joseph M. Collins 2614 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Mary's 2-26-34

19. UNDERTAKER (ADDRESS): H. Freeman & Sons 2778 Forest

20. FILED 2-25, 1934 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/23/34, 19

22. I HEREBY CERTIFY, that I attended deceased from ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Chronic Myocardial Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of operation .....
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) .....

Deputy Coroner

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.

Passed away Friday Morning. Survived
by one Brother Joseph M Collins of the
home, Funeral Services 2 P.M. Monday
from H Pgem & Son 2238 Prospect
Interment Green Lawn Cem,