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

Do not use this space.

MAY 25 1934

File No. 13366

Registered No.

1. PLACE OF DEATH

County Johnson Registration District No. 431

Township Primary Registration District No. 3023

City Warrensburg (No. , St. Ward)

2. FULL NAME Albert Collins Jr.

(a) Residence, No. 521 W. Gay st. 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: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 16, 1933

7. AGE: Years Months: 4 Days: 24 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): Warrensburg Mo.

FATHER

13. NAME: Albert Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warrensburg Mo.

MOTHER

15. MAIDEN NAME: Mabel LaVerne Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co.

17. INFORMANT (ADDRESS): G. W. Smith Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE April 12, 1934

19. UNDERTAKER (ADDRESS): W. F. Wilcox Funeral Service Warrensburg Mo.

20. FILED Apr. 11, 1934 Ezra Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-26-, 1934, to 4-10-, 1934

I last saw him alive on 4-10-, 1934. Death is said to have occurred on the date stated above, at 12:25 P. m.

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

	Date of onset
Pneumonia	
Cyanosis	
Acute Mastoiditis	
acute colitis	
10 D 13	

Other contributory causes of importance:

8 D
36

Name of operation no 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 no

(Signed) R. F. McKinney, M. D.

(Address) Warrensburg, Mo.

N. B.—Every item of information should be carefully supplied. 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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Johnson — Registration District No.: 431
Township: — Primary Registration District No.: 3023
City: Warrensburg (No. ..., ... St. ..... Ward)

File No.:
Registered No.:

2. FULL NAME Albert Collins Jr.

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

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

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

7. AGE	YEARS	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.
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 6/8 1934 Eva Henley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19...., 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
Pneumonia	
Hypostatic	

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

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 COMPLETED AS PRESCRIBED BY LAW.

S-13344

HARRY FIELD PARKER, M. D.
WARRENSBURG, MO.

RECEIVED
JUN 27 1934
THE STATE BOARD OF HEALTH
OF MISSOURI

Warrensburg, Mo. June 26, 1934.

ate Board of Health,
reau of Vital Statistics,
efferson City, Mo.

r Sirs:-

In regard to the inclosed death Certificate will say that I called Dr. Kinney again regarding this and he told me that the acute mastoiditis and ute colitis were the real causes of death in this case that the Hypostatic umonia and pyemia were just terminating complications in the case near the end the childs sickness. You will find the four things stated he original certificate as the principle causes of death though I notice that has given Pneumonia first on the list. He told me to write you is explanation and if it was not sufficiently clear to send it back indicating the nge you wished made.

Very truly yours,
Eva Gentry.
Eva Gentry.

(52)-13366