

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.

AUG 14 1934

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

Do not use this space.

28766

## 1. PLACE OF DEATH

County CooperRegistration District No. 218

Township

Primary Registration District No. 3015City Boonville

(No. ....)

St. ....

Ward) ....

2. FULL NAME Joe Collins

(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

Male

## 4. COLOR OR RACE

Black

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

Married

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

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

Unknown

## 7. AGE

about 67

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)

## 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 FuneraryDATE Aug 9

## 19. UNDERTAKER (ADDRESS)

## 20. FILED

8/834RDBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMoBoonvilleMo

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 7th, 193422. I HEREBY CERTIFY, That I attended deceased from July 27, 1934, to Aug 7, 1934.I last saw him alive on Aug 7, 1934. Death is said to have occurred on the date stated above, at 4:00 m.

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

Dysentery (acute) Date of onset

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? clin Was there an autopsy? no

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) J. A. Russell M. D.(Address) Boonville Mo

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]